Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Grant Fitzgerald	M M / D D / Y Y Y Y Y Y Y Y Y Y
Mailing Address 109 Carpathion Way	10 30 2014 Amount
City State Zip Code	45.00
Raleigh NC 27615	Transaction ID : 89f7cf85-706f-4bb8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 30 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee Grant Fitzgerald	Date of Public Distribution/Dissemination
Mailing Address 109 Carnathion Way	10 30 2014
Mailing Address 109 Carpathion Way	Amount
City State Zip Code	9.00
Raleigh NC 27615	Transaction ID : c41fe020-92de-4c8f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 30 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	Guier (speedly) 2
(a) SUBTOTAL of Itemized Independent Expenditures	54.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Dato	1 01 2014
Signature	

Schedule E)	IVI EXI END	II OILEO		PAGE 2 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Cynthia J Christmas			M	
Mailing Address 1731 Frenchmen St			Amount	30 2014
City	State	Zip Code		50.00
New Orleans	LA	70116		tion ID: 3611cfa9-d0f6-4e3c-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	223984.53	Disbursement F 2014 Othe	for: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Andrew Sricklin			M 10	
Mailing Address 2026 West Nettleton Avenue A	pt 2		Amount	
City	State	Zip Code		10.00
Jonesboro	AR	72401		on ID: 33d28825-7b8c-408b-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	220289.85	Disbursement F 2014 Othe	For: Primary X General er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			60.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		-	T. I. T. I. T. I.
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		01 2014

Schedule E)	1111 E/11 E112	1101120		PAGE 3 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Eric J Smith			М = М	blic Distribution/Dissemination
Mailing Address 4967 Dysartville			Amount	30 2014
City	State	Zip Code		80.00
Morganton	NC NC	28655		on ID: 19e271ae-5fa2-40e1-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	077927.97	Disbursement For 2014 Other	: Primary X General (specify) ▶
Full Name of Payee Jennifer E Smith			Date of Pu	ablic Distribution/Dissemination
Mailing Address 4967 Dysartsville Rd			Amount	J L.
City	State	Zip Code		80.00
Morganton	NC	28655		n ID: 7621778b-2c65-48be-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 ^M	/ 30 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1077927.97	Disbursement For 2014 Other	: Primary
(a) SUBTOTAL of Itemized Independent Expendi	itures		•	160.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electro	nically Filed] Date	, 11 O	
Signature				

	7 * Y * Y
Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Disser Jennifer E Smith Mailing Address 4967 Dysartsville Rd	2014
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Jennifer E Smith Mailing Address 4967 Dysartsville Rd	2014
Jennifer E Smith Mailing Address 4967 Dysartsville Rd	2014
Mailing Address 4967 Dysartsville Rd	2014
Mailing Address 4967 Dysartsville Rd Amount	9.30
	9.30
City State Zip Code	3.30
Morganton NC 28655 Transaction ID : 19d15d96-f359 Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Category/	2014
Name of Federal Candidate Support Office Sought: House Distric	t: 00
Ms. Kay Hagan X Oppose President X Senate State	NO
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2014	General
Per Election for Office SoughtOther (specify) ▶	
	Y Y Y
Mailing Address 2134 Oxford Dr Amount	2014
City State Zip Code	20.00
Salina KS 67401 Transaction ID: 0d56df9d-4a08-4 Date of Disbursement or Obligate	le32-8
Purpose of Expenditure Category/ Co.	2014
Name of Federal Candidate Support Office Sought: House Distric	t: <u>00</u>
Mr. Greg Orman	e:KS
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	29.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, o with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 01 2014	1
Signature	4

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OF

Schedule E)	IVI EXI END	TTOTILO		PAGE 5 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Katelyn Stringer			M = M /	Distribution/Dissemination
Mailing Address 2134 Oxford Dr			10 Amount	30 2014
C:h.	Ctoto	Zin Codo		0.94
City Salina	State KS	Zip Code 67401		0.84 D : e3f0a18a-d684-448d-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	:	200235.20	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee Tyler M Stringer	_		M = M /	Distribution/Dissemination
Mailing Address 2134 Oxford Dr			Amount	30 2014
City	State	Zip Code		14.50
Salina	KS	67401		: e71e5274-cf31-46df-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	200235.20	Disbursement For: 2014 Other (sp.	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	15.34
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	
(c) TOTAL Independent Expenditures				
(c) TOTAL Independent Experiorations			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 / 01	2014
Signature				

Schedule E)	INT EXI END	ITOTILO		PAGE 6 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of F	bublic Distribution/Dissemination
Tyler M Stringer			M 10	30 / 2014
Mailing Address 2134 Oxford Dr			Amount	
City	State	Zip Code		0.84
Salina	KS	67401		ion ID: 068243e8-915b-44e6-8 bisbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	;	200235.20	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Cecilia B Johnson			10	
Mailing Address 638 Sawyer Rd			Amount	
City	State	Zip Code	— II	11.70
Hays	NC	28635		on ID: 21cf435b-7c16-48a9-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	1077927.97	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	12.54
(b) SUPTOTAL of Unitarrized Independent Even	dituroo			
(b) SUBTOTAL of Unitermized Independent Expen	ditures		•	7
(c) TOTAL Independent Expenditures			· •	4 1 4 1 4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•				

Scł	hedule E)	71101120		PAGE 7 OF 172 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C00530766
			M = M /	
Che	ck if 24-hour report 48-hour report New re	eport Amends repor	rt filed on	
T	Full Name of Payee Cecilia B Johnson		Date of Public	c Distribution/Dissemination
-	Mailing Address 638 Sawyer Rd		10	30 2014
	o oo oawyor na		Amount	
	City State	Zip Code		3.30
	Hays NC	28635		ID: 03d6b03a-7f14-4065-a ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	10	30 / 2014
Ì	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	Oppose		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1077927.97	Disbursement For: 2014 Other (sp	Primary
Ī	Full Name of Payee			c Distribution/Dissemination
	Samantha S Johnson		M = M	/ D D / Y Y Y Y
-	Mailing Address 638 Sawyer Rd		10	30 2014
	Mailing Address 638 Sawyer Rd		Amount	
	City State	Zip Code		12.50
	Hays NC	28635		D: 88256373-6d59-4776-9 ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10 10	30 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1077927.97	Disbursement For: 2014 Other (sp	Primary
	·			
(8	a) SUBTOTAL of Itemized Independent Expenditures		>	15.80
(l	b) SUBTOTAL of Unitemized Independent Expenditures		. >	
(0	c) TOTAL Independent Expenditures		•	
W	Inder penalty of perjury I certify that the independent expenditure vith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electro.	onically Filed] Date	11 01	/ Y Y Y Y Y Y 2014
	Signature	_		

Schedule E)		1101120		PAGE 8 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee James Kindstedt			M = M	lic Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			Amount	30 2014
City	State	Zip Code		33.30
Winston Salem	NC	27105		ID: a841c2a2-afdd-4e61-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 Date of Disk	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	077927.97	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
James Kindstedt			10	30 / 2014
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		12.00
Winston Salem	NC	27105		ID: 93fa6a09-159c-443a-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 ^M	/ B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1077927.97	Disbursement For: 2014 Other (s	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. •	45.30
(b) SUBTOTAL of Unitemized Independent Expendent	itures		· •	49-11-49-1
(c) TOTAL Independent Expenditures			·,	4 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 01	2014

Schedule E)	II EXPEND			PAGE 9 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y H Y H Y
Full Name of Payee Joanna Kindstedt				of Public Distribution/Dissemination
Mailing Address 2134 Tobaccoville Rd			Amou	10 30 2014 nt
City	State	Zip Code		33.30
Rural Hall	NC	27045		action ID : aeaa4160-301d-4a89-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 30 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent State: NC
Calendar Year-To-Date Per Election for Office Sought	10	077927.97	Disbursement 2014 O	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Eugenio R McClure			M	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2914 Anderson Rd			Amou	
City	State	Zip Code		34.20
Burlington	NC	27217		ction ID : daa91822-a02d-41c1-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 30 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	1077927.97	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			67.50
(b) SUBTOTAL of Unitemized Independent Expendi	tures		. ,	
(c) TOTAL Independent Expenditures			· [7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	01 2014

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Eugenio R McClure	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2914 Anderson Rd Amo	punt
City State Zip Code	7.20
Burlington NC 27217 Tran	nsaction ID : 3c46108e-2822-4de1-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 30 7 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
	e of Public Distribution/Dissemination
Mailing Address 2914 Anderson Rd Amo	10 30 2014 punt
City State Zip Code	34.20
	saction ID : d2d8dbbc-1117-4875-a e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 30 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Presi	ident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	41.40
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	01 2014
Signature	

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OF

Schedule E)	VI EXI END	ITOTILO		PAGE 11 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y T Y T Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Kolbe J Peloquin				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 623 Union Park Circle			Amoun	t
City	State	Zip Code		10.00
Colwich	KS	67030		ction ID: 58fc172f-fcf5-4ebb-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 30 7 2014
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Mr. Greg Orman		X Oppose	Preside	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		200235.20	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Kolbe J Peloquin				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 623 Union Park Circle			Amoun	
City	State	Zip Code		1.50
Colwich	KS	67030		ction ID : fbb3e00f-5a09-4948-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 30 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Greg Orman		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	200235.20	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	roc			11.50
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITO	163			11.50
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	01 / 2014
-				

Schedule E)	IDENT EXTEND	ITOTILO		PAGE 12 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if X 24-hour report 48-hour repo	ort New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Camille N Yearry			10	30 / 2014
Mailing Address 2025 NE 67th St			Amount	
City	State	Zip Code		60.00
Gladstone	MO	64118		ID: c16be76b-0985-4f95-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		220289.85	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Camille N Yearry			10	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2025 NE 67th St			Amount	
City	State	Zip Code		6.96
Gladstone	MO	64118		D: 6fc5a56b-a62d-458a-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		220289.85	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Exp	enditures			66.96
(b) SUBTOTAL of Unitemized Independent E	Synonditures			
(b) SOBTOTAL OF OFFICE INTERPRETATION OF THE PROPERTY LEADING	xperialitales		•	7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 01	2014
-				

FEC IDENTIFICATION NUMBER ▼ C C00530766		neddic Ly	FOR SE OF FORM 24/48						
Check if		` ′ ′							
Full Name of Payes Joseph R Rys Mailing Address 160 #50 Pompano Dr New Bern NC Category' Mas. Kay Hagan Full Name of Payee Joseph R Rys NC Category' Mas. Kay Hagan Full Name of Payee Joseph R Rys Mailing Address 160 #50 Pompano Dr State Transaction ID : 0283033 4078-4561-9 Date of Public Districtution/Dissemination Transaction ID : 0283033 4078-4561-9 Date of Disbursement or Obligation Transaction ID : 0283033 4078-4561-9 Date of Disbursement or Obligation Transaction ID : 0283033 4078-4561-9 Date of Disbursement or Obligation Transaction ID : 0283033 4078-4561-9 Date of Disbursement For: President Senate State: NC Category' Mailing Address 160 #50 Pompano Dr City State Zip Code New Bern NC Category' Mailing Address 160 #50 Pompano Dr City Name of Federal Candidate Ms. Kay Hagan NC Category' Mileage Category' Mileage Category' Mileage Category' Mileage Category' Disbursement For: Transaction ID : 7734909-0051-4444-a Date of Disbursement For: Date of Dubic Distriction/Dissemination Transaction ID : 7734909-0051-4444-a Date of Dubic Distriction Dissemination Transaction ID : 7734909-0051-4444-a Date of Dubic Distriction Dissemination Transaction ID : 7734909-0051-4444-a Date of Dubic Distriction Dissemination Transaction ID : 7734909-0051-4444-a Date of Public Distriction Dissemination Transaction ID : 7734909-0051-4444-a Date of Public Distriction Dissemination Transaction ID : 7734909-0051-4444-a Date of Public Distriction Dissemination Transaction ID : 7734909-0051-4444-a Date of Public Distriction Dissemination Transaction ID : 7734909-0051-4444-a Date of Public Distriction Dissemination Transaction ID : 7734909-0051-4444-a Date of Public Distriction Dissemination Transaction ID : 7734909-00	۷۷	romen Speak Out PAC	C C00530766						
Mailing Address 160 #50 Pompano Dr City State Zip Code New Bern NC 28590 Purpose of Expenditure Salary Name of Federal Candidate Sought 1077927.97 Full Name of Payee Joseph Rys Mailing Address 160 #50 Pompano Dr City State Zip Code Transaction ID: 02b53039-4078-4561-8 Date of Discursement or Collegation Per Election for Office Sought 1077927.97 Date of Purpose of Expenditure Roll Name of Payee Joseph Rys Mailing Address 160 #50 Pompano Dr City State Zip Code NC 28590 Mailing Address 160 #50 Pompano Dr City State Zip Code NC 28590 New Bern NC 28590 Name of Federal Candidate Support Office Sought 10.92 Transaction ID: 02b53039-4078-4561-8 Date of Discursement For: Permary General 2014 Amount Amount City State Zip Code NC 28590 New Bern NC 28590 New Bern NC 28590 Name of Federal Candidate Support NC 28590 Name of President Senate State: NC 28590 Date of Public Distriction On 28590 Transaction ID: 713408-4561-8 Date of Public Distriction Do 2014 Amount Support NC 28590 Transaction ID: 713408-4561-8 Date of Public Distriction Do 2014 Amount Support NC 28590 Transaction ID: 713408-4561-8 Date of Public Distriction Do 2504 Transaction ID: 713408-4561-8 Date of Public Distriction Do 2504 Transaction ID: 713408-4561-8 Date of Public Distriction Do 2504 Transaction ID: 713408-4561-8 Date of Public Distriction Do 2504 Transaction ID: 713408-4561-8 To 2504 Transaction ID: 713408-4561-8 Date of Public Distriction Do 2504	Che	eck if 24-hour report 48-hour report New report Amends report filed							
Mailing Address 160 #50 Pompano Dr City State Zip Code NC 2556 New Bern NC 2556 Purpose of Expenditure Solary Oppose President Senate State: NC Disbussement For: Primary General Purpose of Expenditure Mailing Address 160 #50 Pompano Dr City State Zip Code Solary Oppose President Amount 1077927.97 Disbussement For: Primary General Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4551-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4561-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-4561-8 Disbussement For: Primary General Purpose of Expenditure No. 28560 Transaction ID : 02b63039-4078-45			Date of Public Distribution/Dissemination						
City State Zip Code New Bern NC 28560 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Caledar Year-To-Date Purpose of Expenditure Support City State Zip Code New Bern NC 28560 Transaction ID : 02b63033-4078-4561-8 Date of Dibbursement For: District: 00 Disbursement For: Primary General Per Election for Office Sought Total Name of Payee Joseph R Rys Disbursement For: Primary General Purpose of Expenditure Mileage Transaction ID : 7334096-0b61-4404-a Date of Dubbursement For: Disbursement For: Disbursement For: Primary General Transaction ID : 7334096-0b61-4404-a Date of Disbursement For: Disbursement F									
New Bern NC 28560 Furpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calegory/ Oppose Salary Calendar Year-To-Date Purpose of Expenditure Salary Rome of Pederal Candidate Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate NC Calendar Year-To-Date Purpose of Expenditure NC Calendar Year-To-Date Purpose of Expenditures		Mailing Address 160 #50 Pompano Dr	Amount						
Purpose of Expenditure Salary Name of Federal Candidate Support Office Sought House District O0	j	City State Zip Code	62.50						
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Purpose of Expenditure Mileage NC Calendar Year-To-Date Purpose of Expenditure Mileage Disbursement For: Disbursem									
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Joseph R Rys Mailing Address 160 #50 Pompano Dr City State Very		Salany Category/ Oo4	M M / D D / Y Y Y						
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Joseph R Rys Mailing Address 160 #50 Pompano Dr City State Purpose of Expenditure Mileage NC Category/ Wileage Calendar Year-To-Date Purpose of Expenditure Mileage Category/ Ms. Kay Hagan NC Category/ Type Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought To Offi	j	Name of Federal Candidate Support Offic	e Sought: House District:00						
Per Election for Office Sought 1077927.97 Page		Ma Maullagen							
Full Name of Payee Joseph R Rys Mailing Address 160 #50 Pompano Dr City State Zip Code New Bern NC 28560 Purpose of Expenditure Mileage Category/ Name of Federal Candidate NS. Kay Hagan Soppose Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination Amount Tansaction ID: 7/3a409c-0b61-44d4-a Date of Disbursement or Obligation President Senate State: NC Disbursement For: Primary General Disbursement For: Other (specify) 73.42 Total Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		4077007 07							
Mailing Address 160 #50 Pompano Dr City			Date of Public Distribution/Dissemination						
New Bern NC 28560 Transaction ID: 7/3a409c-0b61-44d4-a Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Support Office Sought: House District: OD President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 1077927.97 Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures		Mailing Address 160 #50 Pompano Dr	10 30 2014						
New Bern NC 28560 Transaction ID: 7/3a409c-0b61-44d4-a Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Support Office Sought: House District: OD President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 1077927.97 Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures		City State Zip Code	10.92						
Purpose of Expenditure Mileage Category/ Type 002		•							
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC		Mileage Category/ 002	M = M / D = D / Y = Y = Y						
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC		Name of Federal Candidate Support Office	e Sought: House District:00						
Calendar Year-To-Date Per Election for Office Sought 1077927.97 Disbursement For: Primary General 2014 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures									
(b) SUBTOTAL of Unitemized Independent Expenditures		4077007.07							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M. M. M. D. D. J. Y.	((a) SUBTOTAL of Itemized Independent Expenditures	73.42						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMMM Date 11 Date	((b) SUBTOTAL of Unitemized Independent Expenditures							
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Man Man / Date 11 01 2014	((c) TOTAL Independent Expenditures							
[Electronically Filed] Date 11 01 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either							
		[El-+							
		Buto							

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OF

Schedule E)				PAGE 14 OF 172 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC				C C00530766			
Check if 24-hour report 48-hour report	neck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Judith A Murphy				of Public Distribution/Dissemination			
Mailing Address PO Box 37			Amou	10 30 2014 nt			
City	State	Zip Code		60.00			
East Bend	NC	27018		action ID : 1a5e8fd9-ec6e-4991-9 of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001		10 30 / 2014			
Name of Federal Candidate		Support	Office Sough	t: House District: 00			
Ms. Kay Hagan		X Oppose	Preside				
Calendar Year-To-Date Per Election for Office Sought	10	077927.97	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶			
Full Name of Payee Judith A Murphy				of Public Distribution/Dissemination			
Mailing Address PO Box 37			Amou	10 30 2014 nt			
City	State	Zip Code		11.85			
East Bend	NC	27018		ction ID : 287a7cee-0400-4d69-9 of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	N	10 30 / 2014			
Name of Federal Candidate		Support	Office Sough	t: House District: 00			
Ms. Kay Hagan		X Oppose	Preside				
Calendar Year-To-Date Per Election for Office Sought	, , ,	1077927.97	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditure	es			71.85			
(b) SUBTOTAL of Unitemized Independent Expendit	tures						
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	01 / 2014			

Schedule E)	itti EXI EITD	II OILO	PAGE 15 OF 172 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC			C C00530766				
Check if 24-hour report 48-hour report	neck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination				
Mailing Address PO Box 37			10 30 2014 Amount				
City East Bend	State NC	Zip Code 27018	60.00 Transaction ID: 96044f75-25e1-48c7-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	, 1	077927.97	Disbursement For: Primary General 2014 Other (specify) ▶				
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 30 2014				
Mailing Address PO Box 37			Amount 30 2014				
City	State	Zip Code	60.00				
East Bend	NC	27018	Transaction ID : cdcf7f2b-85c7-4492-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 30 7 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	7	1077927.97	Disbursement For: Primary General 2014 General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 120.00				
(b) SUBTOTAL of Unitemized Independent Expen	nditures		. >				
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	e 11 01 / 2014				

Schedule E)	ZXI ZIVOII	01120		PAGE 16 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New report	t Amends repo	rt filed on	M / D D / Y B Y B Y B Y
Full Name of Payee Kinsey E Beck				f Public Distribution/Dissemination
Mailing Address 103 Glenhaven Ct				10 30 2014
			711100	
1 - ,		ip Code 35749	Transa	15.00 action ID : d7ea1e23-b738-4004-a
				f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 30 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	220	0289.85	Disbursement 2014 Ott	For: Primary
Full Name of Payee				f Public Distribution/Dissemination
Kinsey E Beck				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Glenhaven Ct			Amour	
City Sta	tate Z	Zip Code	$\dashv \sqcap$	3.60
	AL :	35749		ction ID: 897dab1c-b3bc-4d60-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 30 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		220289.85	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	18.60
(b) SUBTOTAL of Unitemized Independent Expenditures	3		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized o			
Ms. Emily Buchanan	[Electronica	ally Filed] Date	M M / / 11	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

	modulo L)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y II Y
٦	Full Name of Payee	Date of	of Pub	lic Distribution	/Dissemination
	Lilly Green	М	10 ^M	30	2014
	Mailing Address 205 Medallion Circle	Amour	nt		
	City State Zip Code	Π.			20.00
	Shreveport LA 71119			ID: 4fc624c4 oursement or 0	
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	30	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu	Preside		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 223984.53 Disbut 2014	ırsemen		Primary	General
	Full Name of Payee			specify)	/Discomination
	Lilly Green		10 Pub	olic Distribution	2014
	Mailing Address 205 Medallion Circle	Amou		30	2014
	City State Zip Code				19.50
	Shreveport LA 71119	Transa Date of	ction of Disl	ID: f29b6b8f-a	ae99-4297-b Obligation
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	30	2014
	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 223984.53			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7	7	39.50
	(b) SUBTOTAL of Unitemized Independent Expenditures			P 1 25	
	(c) TOTAL Independent Expenditures			4	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	01	D / Y Y 201	4
	Signature				

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OF

Schedule E)	VI EXI END	ITOTILO		PAGE 18 OF 172 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC				C C00530766			
Check if 24-hour report 48-hour report	neck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of	Public Distribution/Dissemination			
Gregory Green				0 30 2014			
Mailing Address 2506 Bolch Street			Amount	t			
City	State	Zip Code		30.00			
Shreveport	LA	71104		ction ID: 54e89dc2-5d6d-4b75-b Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001		10 30 / Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		223984.53	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶			
Full Name of Payee			Date of	Public Distribution/Dissemination			
Gregory Green				10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2506 Bolch Street			Amoun	t			
City	State	Zip Code		50.40			
Shreveport	LA	71104		tion ID: d7d4c094-2590-4a8d-a f Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002		0 30 7 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	Presider				
Calendar Year-To-Date Per Election for Office Sought	7 7	223984.53	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditure	res			80.40			
				7 1 7 1 7			
(b) SUBTOTAL of Unitemized Independent Expend	itures		• •	7 7 7			
(c) TOTAL Independent Expenditures			· •	7 7 7			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	01 / 2014			

Schedul	le E)		101.20		PAGE 19 OF 172 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends rep	oort filed on	M = M / D = D / Y = Y = Y
	ame of Payee anda Boley			D	ate of Public Distribution/Dissemination
	g Address Split Oak Drive				10 30 2014
				A	mount
City		State	Zip Code		65.00
charlo		NC	28227		ransaction ID : c0a97f48-fc86-4a9f-8 late of Disbursement or Obligation
Salary	se of Expenditure /		Category/ Type 00	i	10 / 30 / 2014
Name	of Federal Candidate		Support	Office So	ought: House District: 00
Ms. M	ary L Landrieu		X Oppose	Pre	esident State: LA
_	alendar Year-To-Date er Election for Office Sought	, 2	23984.53	Disburse 2014	ement For: Primary
	ame of Payee			D	Date of Public Distribution/Dissemination
AIIId	anda Boley				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailin	g Address Split Oak Drive			A	mount
City		State	Zip Code	— г	18.27
charle	otte	NC	28227		ansaction ID: add44a1a-2826-4c0c-9 Date of Disbursement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 002	_	10 30 2014
Name	of Federal Candidate		Support	Office So	ought: House District: 00
Ms. M	lary L Landrieu		Oppose	Pr	resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	223984.53	Disburse 2014	ement For: Primary
(-) OIII	DTOTAL of Henrical Index and at Farmadian				
(a) SUI	BTOTAL of Itemized Independent Expenditure	·S		▶	83.27
(b) SUI	BTOTAL of Unitemized Independent Expendit	ures		··· •	
(c) TO	FAL Independent Expenditures			···· •	
with, or	penalty of perjury I certify that the independe at the request or suggestion of, any candida committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Da	te 11	01 2014
Sign	ature				

Schedule E)	I LAPLIND	TUNES		PAGE 20 OF 172 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼	
Women Speak Out PAC			С	C00530766	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee Linda J Fueling			M = M /	Distribution/Dissemination	
Mailing Address 6424 Purple Martin Ct			Amount	30 2014	
City	State	Zip Code		45.00	
Wilmington	NC	28411	Transaction I	D : db0ed71a-af30-4cd7-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbu	ursement or Obligation	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		Oppose	_	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	10	777927.97	Disbursement For: 2014 Other (sp	Primary X General	
Full Name of Payee				c Distribution/Dissemination	
Linda J Fueling			M M M	30 / 2014	
Mailing Address 6424 Purple Martin Ct			Amount		
City	State	Zip Code		15.60	
Wilmington	NC	28411		D: 6c32299e-3707-453e-b ursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		Oppose	President	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	, , ,	1077927.97	Disbursement For: 2014 Other (sp	Primary	
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	60.60	
			7		
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	1 1 1/2 1 1 1/2 1	
(c) TOTAL Independent Expenditures			>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M / D = D 01	2014	
Signature					

Schedule E)				PAGE 21 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Sally A Kolenac				of Public Distribution/Dissemination
Mailing Address 513 Stokes Rd			Amou	10 30 2014 nt
City	State	Zip Code		30.00
Graham	NC	27253		action ID: 4dac87b6-a15a-4132-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 30 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought	10)77927.97	Disbursemen 2014 O	t For: Primary
Full Name of Payee			Date	of Public Distribution/Dissemination
Sally A Kolenac			IV	10 30 7 2014
Mailing Address 513 Stokes Rd			Amou	nt
City	State	Zip Code		0.75
Graham	NC	27253		ction ID: 6cb58616-b3a9-4be5-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	IV	10 / 30 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	1077927.97	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			30.75
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			· -	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	01 / 2014

Schedule E)	LIVI EXI EIVE	TIONES		PAGE 22 OF 172 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼			
Women Speak Out PAC			С	C00530766			
Check if 24-hour report 48-hour report	neck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Publi	c Distribution/Dissemination			
Jerome M Weil			M M 10	30 / 2014			
Mailing Address 101 Durham Drive			Amount				
City	State	Zip Code		20.00			
Lafayette	LA	70508		ID: bb8c1bba-c865-4e42-9 ursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 n	30 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	.,,	223984.53	Disbursement For: 2014 Other (sp	Primary			
Full Name of Payee			Date of Publi	c Distribution/Dissemination			
Jerome M Weil			10	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 101 Durham Drive			Amount				
City	State	Zip Code		4.50			
Lafayette	LA	70508		D : 14476ee4-4679-4659-b ursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10	30 2014			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7	223984.53	Disbursement For: 2014 Other (s	Primary X General pecify) ▶			
(a) SUBTOTAL of Itemized Independent Expend	itures			24.50			
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	47.			
(c) TOTAL Independent Expenditures			•	7			
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D D D D D D D D D D D D D D D D	2014			
-							

Schedule E)	VI EXI END	ITOTILO		PAGE 23 OF 172 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC			[C C00530766			
Check if 24-hour report 48-hour report	neck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Adam L Clark			Date of	Public Distribution/Dissemination			
			1	0 30 2014			
Mailing Address 1851 S Laura St			Amount				
City	State	Zip Code	- [45.00			
Wichita	KS	67211		ction ID : 7ffe2918-4079-4f96-b Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	М				
Name of Federal Candidate		Support	Office Sought:	House District:00			
Mr. Greg Orman		X Oppose	Presiden	t Senate State: KS			
Calendar Year-To-Date Per Election for Office Sought	2	200235.20	Disbursement 2014 Oth	For: Primary			
Full Name of Payee			Date of	Public Distribution/Dissemination			
Adam L Clark				0 30 7 2014			
Mailing Address 1851 S Laura St			Amount				
City	State	Zip Code		6.00			
Wichita	KS	67211		tion ID : 6c6af277-78d0-4db2-8 Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	M	0 30 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Greg Orman		X Oppose	Presiden	t Senate State: KS			
Calendar Year-To-Date Per Election for Office Sought	7 1 7	200235.20	Disbursement 2014 Oth	For: Primary X General er (specify) ►			
(a) SUBTOTAL of Itemized Independent Expenditu	res			51.00			
(a) COLIGINAL OF NOTINESS TRESPONDENCE EXPONDING				7			
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7			
(c) TOTAL Independent Expenditures			>	44			
with, or at the request or suggestion of, any candid	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		01 2014			
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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATI	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y Y Y Y Y
T	Full Name of Payee	Date o	of Pub	olic Distribution	/Dissemination
	Toni A Persinger-Buckler		10 ^M	30	2014
	Mailing Address 5330 Nestleway Dr	Amour	nt		
ŀ	City State Zip Code	Г.			42.50
	Clemmons NC 27012			n ID: 36b5daa bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001		10 M	30	2014
ı	Name of Federal Candidate Support Office	Sought	t:	House	District: 00
	Ms Kay Hagan	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement		Primary specify) ▶	General
ľ	Full Name of Payee Toni A Persinger-Buckler			olic Distribution	/Dissemination
	Mailing Address 5330 Nestleway Dr	Amou	10	30	2014
		_	-		
	City State Zip Code			, ,	8.10
				ID: e1e3dd73 bursement or (
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	30	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures				50.60
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	Ľ.		7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 11	M /	01	D / Y Y 201	4
	Signature				

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Toni A Persinger-Buckler	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5330 Nestleway Dr	Amount
	City State Zip Code	42.50
	Clemmons NC 27012	Transaction ID: a690aed8-5e78-4ecf-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbrace 1077927.97 Disbrace 2014	
		Other (specify) ▶
	Full Name of Payee Toni A Persinger-Buckler	Date of Public Distribution/Dissemination
	Mailing Address 5330 Nestleway Dr	10 30 2014 Amount
	City State Zip Code	8.10
	Clemmons NC 27012	Transaction ID: b8ecd96a-0fd9-4345-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	50.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	
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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	David Ford	10 30 / Y Y Y Y Y
	Mailing Address 106 Hillside St	Amount
	City State Zip Code	90.00
	Spindale NC 28160	Transaction ID : 61bd932f-b6de-4560-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General
	Per Liection for Office Sought	U Other (specify) ▶
	Full Name of Payee David Ford	Date of Public Distribution/Dissemination
	Mailing Address 106 Hillside St	10 30 2014 Amount
	City State Zip Code	43.53
	Spindale NC 28160	Transaction ID : 1fa9f07d-57ed-498a-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disb. 201-	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	133.53
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(7) (1) 7) 11	11 01 2014
	Signature	للنتا للنا

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Schedule E)	I EXI END			PAGE 27 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Grant Fitzgerald			М	
Mailing Address 109 Carpathion Way			Amount	0 30 2014
City	State	Zip Code		52.50
Raleigh	NC	27615		ction ID : bcfbd971-9fea-496d-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	0 30 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	077927.97	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Grant Fitzgerald			M	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 109 Carpathion Way			Amount	
City	State	Zip Code		8.10
Raleigh	NC	27615	Transact Date of	tion ID : e456f614-24b0-487a-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1 1	0 30 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presiden	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1077927.97	Disbursement 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	S		.	60.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			7
(c) TOTAL Independent Expenditures			· •	77
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		01 2014
Signature				

Schedule E)	JNES	PAGE 28 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Zachary R McCleese	Da	te of Public Distribution/Dissemination
Mailing Address 323 Rolling Pines Dr	Am	10 30 2014
	Code	50.00
Spring Lake NC 28		ansaction ID: d4063660-9910-4be0-b te of Disbursement or Obligation
Purpose of Expenditure Salary	ategory/ Type 001	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Mr. Mark L Pryor	Oppose Pres	sident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 2202	Disbursen 289.85 2014	nent For: Primary K General
Full Name of Payee		Other (specify)
Zachary R McCleese	Da	te of Public Distribution/Dissemination
Mailing Address 323 Rolling Pines Dr	An	nount
City State Zip	Code	15.30
Spring Lake NC 28	3390 Trai	nsaction ID : 6148bb82-cb2c-4d99-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage	ategory/ Type 002	10 30 / 2014
Name of Federal Candidate	Support Office So	ught: House District:00
Mr. Mark L Pryor		sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures		65.30
, ,		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	ly Filed] Date 11	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Scl	hedule E)	L /(1 L /(2)	1101120		PAGE 29 OF 172 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ D D / Y D Y D Y
T	Full Name of Payee Anselma A Trinidad				of Public Distribution/Dissemination
-	Mailing Address 7915 Curtina Ln			Amou	10 30 2014 unt
-	City	State	Zip Code	- $ $ $-$	80.00
	Lewisville	NC	27023		saction ID : 492300ca-ff8f-4744-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 30 2014
t	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Kay Hagan		X Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	10	077927.97	Disbursemen 2014 O	nt For:
	Full Name of Payee Alisha A Hauser				of Public Distribution/Dissemination
	Mailing Address 199 Raven Circle			Amou	
1	City	State	Zip Code		58.30
	Wilkesboro	NC	28697	Transa Date	action ID: eb9470b9-aa6e-422e-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 / 30 / 2014
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	1077927.97	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	3			138.30
(I	b) SUBTOTAL of Unitemized Independent Expenditure	ıres		· • [
(0	c) TOTAL Independent Expenditures			· ·	
W	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate earty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	01 / Y = Y = Y = Y = Y = D = D = D = D = D =
	Signature				

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed or	M = M / D = D / Y = Y = Y
Full Name of Payee Alisha A Hauser	С	Date of Public Distribution/Dissemination
		10 30 2014
Mailing Address 199 Raven Circle	A	Amount
City	ate Zip Code	17.82
Wilkesboro		Fransaction ID: be1aa473-5f46-49f9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 30 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan		resident State: NC
Calendar Year-To-Date Per Election for Office Sought	1077927.97 Disburse 2014	ement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Lorri Anderson Mailing Address 7214 Duchamp Dr		Date of Public Distribution/Dissemination 10 30 4 2014 Amount
1 ′	ate Zip Code IC 23215 Tr	55.00 ransaction ID : f1ddc3e0-abc8-4fd4-9
		Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 30 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose P	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1077927.97 Disburse 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	72.82
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, of	
Ms. Emily Buchanan	[Electronically Filed] Date 11	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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Schedule E)	VI EXI END	ITOTILO		PAGE 31 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Lorri Anderson			Date of Public	Distribution/Dissemination
Mailing Address 7214 Duchamp Dr			10 Amount	30 2014
			7 11110 1111	
City	State	Zip Code	Transaction	3.90
Charlotte	NC	23215		D: e2077491-5b28-40b7-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	077927.97	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Barbara A Williams			10	30 / 2014
Mailing Address 3002 Darden Rd			Amount	
Apt A			Amount	
City	State	Zip Code		43.30
Greensboro	NC	27407		rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1077927.97	Disbursement For: 2014 Other (sp	Primary
-				
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	47.20
(b) SUBTOTAL of Unitemized Independent Expendent	litures)	
(c) TOTAL Independent Expenditures			.	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 01	2014
Signaturo				

Schedule E)	IVI EXI END	ITORES		PAGE 32 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766			
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Monique Guillory			10	30 / 2014
Mailing Address 409 LaSalle Drive			Amount	
City	State	Zip Code		60.00
Little Rock	AR	72211		on ID: 6bf9f919-6b74-4eb1-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		220289.85	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Monique Guillory			10	30 / Y Y Y Y Y Y Y
Mailing Address 409 LaSalle Drive			Amount	
City	State	Zip Code		45.00
Little Rock	AR	72211		n ID: 0a3a9e43-a252-443d-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 10	30 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	- T	220289.85	Disbursement For 2014 Other	r: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			105.00
				7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7
(c) TOTAL Independent Expenditures			•	4 1 4 1 1 4 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 0	
-				

Schedule E)	IN EXILIND	ITOTILO		PAGE 33 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	С	C00530766		
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Rhonda Moback				lic Distribution/Dissemination
			10	30 / 2014
Mailing Address 2704 E Glen Oaks Dr			Amount	
City	State	Zip Code		30.00
Wichita	KS	67216		ID: 15f3a9bd-819d-4730-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	200235.20	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Rhonda Moback			10	30 / 2014
Mailing Address 2704 E Glen Oaks Dr			Amount	
City	State	Zip Code		8.40
Wichita	KS	67216		ID: a8952bb2-09d0-40bc-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	200235.20	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			38.40
(L)				50.10
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 01	2014
• • • • • • • • • • • • • • • • • • •				

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	ate of Public Distribution/Dissemination
Leslie D Moore	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1903 Swan Dr	mount
City State Zip Code	125.00
Lenoir NC 28645 Tr	ransaction ID: 3913ea50-74c0-4b91-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 30 7 2014
Name of Federal Candidate Support Office So	ought: House District:00
Ms. Kay Hagan	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary General
Full Name of Payer	Other (specify)
Full Name of Payee Leslie D Moore	ate of Public Distribution/Dissemination
Mailing Address 1903 Swan Dr	mount
City State Zip Code	8.10
	ansaction ID : dc53a572-9e56-4813-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 30 / Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ms. Kay Hagan Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	133.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	01 2014
Signature	

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OF

							FOR SE OF	FORM 24/48
NAME OF COMMITTE						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak	Out PAC					С	C00530766	
Check if 24-hour	report 48-hour report	New repo	ort An	nends repo	ort filed on	M = M	/ D D /	Y Y Y Y Y
Full Name of Paye					Date	of Pub	blic Distribution	/Dissemination
Rhonda Mol						10 ^M	30	2014
Mailing Address 2	704 E Glen Oaks Dr				Amo	ount		
City		State	Zip Code					30.00
Wichita		KS	67216				n ID: d508c72	a-b293-4a33-a
Purpose of Expen Salary	diture		Category/ Type			M M M	30	2014
Name of Federal	Candidate			Support	Office Sou	ght:	House	District:00
Mr. Greg Orman				Oppose	Presi		X Senate	State: KS
Calendar Yea Per Election	r-To-Date or Office Sought		00235.20		Disburseme 2014		Primary	General
Full Name of Pay	<u> </u>	_					blic Distribution	/Dissemination
Rhonda Mob					Date	M = M 10	/ Distribution	2014
Mailing Address	2704 E Glen Oaks Dr				Amo			
City		State	Zip Code		-			8.40
Wichita		KS	67216				ID: 56b59b44 sbursement or	
Purpose of Expen Mileage	diture		Category/ Type			10 ^M	30	2014
Name of Federal	Candidate			Support	Office Sou	ght:	House	District: 00
Mr. Greg Orman			X	Oppose	Pres	dent	X Senate	State: KS
Calendar Yea Per Election	r-To-Date for Office Sought	7	200235.2	20	Disburseme 2014		: Primary	/ X General
(a) SUBTOTAL of	Itemized Independent Expenditur	res			· [7 7	38.40
(b) SUBTOTAL of	Unitemized Independent Expend	itures			. [7 7	
(c) TOTAL Indeper	dent Expenditures				•		7 7	
with, or at the requ	erjury I certify that the independ est or suggestion of, any candid by political party committee or its	ate or authorized						
Ms. En	uily Buchanan	[Electroni	cally Filed]	Date	M M M	01	D / Y Y 201	Y Y
Signature			_					

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Schedule E)	NDITORES	PAGE 36 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report New	v report Amends report filed	on M M / D = D / Y = Y = Y
Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination
Mailing Address 605 W Houston St		10 30 2014 Amount
City.	7in Code	80.00
City State Marshall TX	Zip Code 75633	Transaction ID : 2400d993-33eb-485f-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 10 30 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	223984.53 Disbut 2014	orsement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Alice K Salazar		10 30 / 2014
Mailing Address 605 W Houston St		Amount
City State	Zip Code	54.60
Marshall TX	75633	Transaction ID : 3ef01322-0cf8-4a6b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 30 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	223984.53 Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	134.60
(b) SURTOTAL of Unitermized Independent Expanditures		
(b) SUBTOTAL of Unitemized Independent Expenditures	•	47 47 49
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	ctronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report 48-hour report	New repo	ort Ame	ends repo		= M /		Y I Y I Y I Y
Full Name of Payee				Date of	of Public	c Distribution/	Dissemination
Reaghan Waites				M	10 M	30	2014
Mailing Address 9805 St Stephens Ct				Amou	nt		
City	State	Zip Code					20.00
Raleigh	NC	27615				ID: 82630d12 ursement or C	2-5373-4a00-b
Purpose of Expenditure Salary		Category/ Type	001		10 M	30	2014
Name of Federal Candidate		s	Support	Office Sough	t:	House	District:00
Ms. Kay Hagan			Oppose	Preside		X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	10	77927.97		Disbursemen 2014		Primary Decify) ▶	General
Full Name of Payee							/Dissemination
Reaghan Waites				Date	10	/ 530 /	2014
Mailing Address 9805 St Stephens Ct				Amou		55	2011
City	State	Zip Code					3.00
Raleigh	NC	27615				D: facc9629-	
Purpose of Expenditure Mileage		Category/ Type	002		10 ^M	30	2014
Name of Federal Candidate			Support	Office Sough	ıt:	House	District: 00
Ms. Kay Hagan		X	Oppose	Preside	ent]	X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1077927.97	7	Disbursemen 2014 O		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditure	es			•			23.00
(b) SUBTOTAL of Uniternized Independent Expendit	tures			•			
(c) TOTAL Independent Expenditures				•		1 1 7	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized						
Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M /	01	/ Y Y 201	4
Signature		_					

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y I Y I Y
П	Full Name of Payee	Date o	f Pub	lic Distribution/	Dissemination
	Sheri J Peace		10 ^M	30	2014
	Mailing Address 9685 Paula St	Amoun	ıt		
	City State Zip Code				40.00
	Keithville LA 71047			ID: 8d62d52soursement or 0	9-d2a1-4e80-9
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	30	2014
	Name of Federal Candidate Support Office	Sought	:	House	District:00
	Ms. Mary L Landrieu	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 223984.53 Disbut 2014	rsement		Primary specify) ▶	K General
١	Full Name of Payee			olic Distribution	Dissemination
	Sheri J Peace	M	10 M	/ 530 /	2014
	Mailing Address 9685 Paula St	Amour	-		
1	City State Zip Code	Г.			26.70
	Keithville LA 71047			ID: 929ea381- bursement or (
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	30	2014
1	Name of Federal Candidate Support Office	Sought	:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	nt	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures	Ľ.		7	66.70
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			- 4	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	01	D / Y Y 201	4
	Signature				

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OF

Sch	edule E)				PAGE 39 OF 172 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Checl	k if 🔀 24-hour report 🗌 48-hour report 🔀 Ne	ew rep	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee Damaian A Wilburn			Da	ate of Public Distribution/Dissemination
N	Mailing Address 15 W Spruce			Am	10 30 2014 mount
	Dity State		Zip Code	-	30.00
	Liberal KS		67901		ansaction ID : 16154e0c-73d8-4c79-9 ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 30 / Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Support	Office Sou	ought: House District: 00
N	Mr. Greg Orman		X Oppose		esident State: KS
	Calendar Year-To-Date Per Election for Office Sought	2	200235.20	Disbursen 2014	ment For:
	Full Name of Payee Damaian A Wilburn			Da	ate of Public Distribution/Dissemination
M	Mailing Address 15 W Spruce			An	mount
C	Dity State		Zip Code		8.10
	Liberal KS		67901		ansaction ID: 06049f1c-a48c-4f0d-9 ate of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 1	Name of Federal Candidate		Support	Office So	ought: House District: 00
N	Mr. Greg Orman		X Oppose		esident X Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		200235.20	Disburser 2014	ment For: Primary
(a)) SUBTOTAL of Itemized Independent Expenditures				38.10
(b)) SUBTOTAL of Unitemized Independent Expenditures				
(c)) TOTAL Independent Expenditures			•	
wit	nder penalty of perjury I certify that the independent expendent, or at the request or suggestion of, any candidate or authorty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	Electron	cically Filed] Date	M M M	01 2014
	Signature				

	modulo E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		- M	/ D = D /	Y = Y = Y
\sqcap	Full Name of Payee	Date of	of Pub	lic Distribution	/Dissemination
	Michael A Toomey	М	10 ^M	30	2014
	Mailing Address 4120 Bon Aire Dr Apt 6307	Amour	nt		
	City State Zip Code				35.00
	Monroe LA 71212			ID: 096a1ca7	7-1bf6-4782-b
	Purpose of Expenditure Salary Category/ Type 001		10 M	30	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mc Mary Llandriau	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	irsemen		Primary	General
ŀ	Full Name of Payee			specify)	/Dissemination
	Michael A Toomey		10 Pub	/ Distribution	7Dissemination 2014
	Mailing Address 4120 Bon Aire Dr Apt 6307	Amou	-	30	2014
	City State Zip Code				9.60
	Monroe LA 71212	Transa Date of	ction of Disl	ID: 095c4df4- bursement or 0	0625-4f30-9 Obligation
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	30	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
		Preside		X Senate	State: LA
				Primary	/ X General
((a) SUBTOTAL of Itemized Independent Expenditures			7	44.60
((b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	01	D / Y Y 201	Y Y Y
	Signature				
			,		•

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Edmond D Rea	10 30 2014
	Mailing Address 416 Vine Dr	Amount
	City State Zip Code	80.00
	Lawrence KS 66049	Transaction ID : 36276c1a-6bb9-490a-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	ee Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disb. 200235.20 Disb. 2014	
		Other (specify) -
	Full Name of Payee Edmond D Rea	Date of Public Distribution/Dissemination
	Mailing Address 416 Vine Dr	10 30 2014 Amount
	City State Zip Code	12.90
	Lawrence KS 66049	Transaction ID : 4949b86a-c27c-4a49-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 30 7 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disk 200235.20	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	92.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	· · · · · · · · · · · · · · · · · · ·	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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_		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeffrey S Hauge	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 211 N Ashley Park	Amount
	City State Zip Code	75.00
	Wichita KS 67212	Transaction ID : d77e4ffb-a301-4162-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M 10 / 30 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20	orsement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeffrey S Hauge	10 30 2014
	Mailing Address 211 N Ashley Park	Amount
	City State Zip Code	10.20
	Wichita KS 67212	Transaction ID : ac411ae2-5161-4792-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 30 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbt 200235.20	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	85.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 01 2014
	Signature	

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OF

Schedule E)			TOTILO		PAGE 43 OF 172 FOR SE OF FORM 24/48
NAME OF COMMI					FEC IDENTIFICATION NUMBER ▼
Women Spe	ak Out PAC				C C00530766
Check if 24-ho	our report 48-hour re	port New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of P					of Public Distribution/Dissemination
Mailing Address	S 1981 Cherokee St			Amou	10 30 2014 nt
City		State	Zip Code		27.00
Baton Rouge		LA	70806		action ID: 77e83160-7907-444d-b of Disbursement or Obligation
Purpose of Exp Salary	penditure		Category/ Type 001		10 30 / 2014
Name of Feder	al Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Lar	ndrieu		X Oppose	Preside	ent State: LA
	/ear-To-Date on for Office Sought	2	23984.53	Disbursemen 2014 O	t For:
Full Name of F Nicholas C					of Public Distribution/Dissemination
Mailing Address	S 1981 Cherokee St			Amou	للنبا لنا لن
City		State	Zip Code		2.04
Baton Rouge		LA	70806	Transa Date	oction ID: 40c2d027-45e7-48ff-9 of Disbursement or Obligation
Purpose of Exp Mileage	penditure		Category/ Type 002	TV	10 / 30 / 2014
Name of Feder	al Candidate		Support	Office Sough	it: House District:00
Ms. Mary L Lar	ndrieu		X Oppose	Preside	
	Year-To-Date on for Office Sought		223984.53	Disbursemen 2014 O	t For: Primary
(a) SUBTOTAL	of Itemized Independent Ex	penditures			29.04
(b) SUBTOTAL	of Unitemized Independent	Expenditures			7 1 7 1 7
(c) TOTAL Inde	pendent Expenditures			•	7
with, or at the re		candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	Emily Buchanan	[Electron	ically Filed] Date	e 11	01 2014
Signature					

	· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	ull Name of Payee	Date of Public Distribution/Dissemination
	Sarah Bassil	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I N	Mailing Address 7650 Fallswood Way	Amount
C	State Zip Code	30.00
١	Lorton VA 22079	Transaction ID: 5e2f6964-4004-44a7-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 30 / 2014
Ν	lame of Federal Candidate Support Office	Sought: House District: 00
ľ	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 200235.20 2014	rsement For: Primary X General Other (specify) ▶
F	Sarah Bassil	Date of Public Distribution/Dissemination
N	Mailing Address 7650 Fallswood Way	Amount
	City State Zip Code	30.00
	Lorton VA 22079	Transaction ID: 2b6cfbab-7136-4ca3-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 2014
١	lame of Federal Candidate Support Office	Sought: House District: 00
1	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20	rsement For: Primary X General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	60.00
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	
wit	der penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either try committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	M / 01 / 2014
	Signature	

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OF

							FOR SE OF	FORM 24/48
NAME OF COMMITTEE						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak	Jut PAC					С	C00530766	
Check if X 24-hour re	eport 48-hour report	New repo	ort An	nends repo	ort filed on	M = M	/ D = D /	Y I Y I Y I Y
Full Name of Payer					Date	of Pub	olic Distribution	Dissemination
Dianna R Wil						M - M	30	2014
Mailing Address ₁₅	10 W Pawnee Apt 2103				Amo	unt		
City		State	Zip Code					25.00
Wichita		KS	67213				n ID: 7bff325a- bursement or (
Purpose of Expendi Salary	ture		Category/ Type	001		M 10	30	2014
Name of Federal C	andidate			Support	Office Soug	ıht:	House	District:00
Mr. Greg Orman				Oppose	Presi		X Senate	State: KS
Calendar Year- Per Election fo	To-Date r Office Sought	2	00235.20		Disburseme		Primary specify) ▶	X General
Full Name of Payer							olic Distribution	/Dissemination
Dianna R Will					Date	M = M 10	/ 30 /	2014
Mailing Address	1510 W Pawnee Apt 2103				Amo			
City		State	Zip Code					20.10
Wichita		KS	67213				ID: 89ee4f83- bursement or (
Purpose of Expend Mileage	ture		Category/ Type	002		10 M	30	2014
Name of Federal C	andidate			Support	Office Soug	ght:	House	District: 00
Mr. Greg Orman			X	Oppose	Presi	dent	X Senate	State: KS
Calendar Year- Per Election fo	To-Date r Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	200235.2	20	Disburseme 2014		Primary	General
(a) SUBTOTAL of It	emized Independent Expenditure	s			· [45.10
(b) SUBTOTAL of U	nitemized Independent Expenditu	ures			· • [
(c) TOTAL Independ	ent Expenditures				•		7 7	
with, or at the reque	jury I certify that the independent of or suggestion of, any candidate political party committee or its a	te or authorized						
Ms. Emi	ly Buchanan	[Electroni	cally Filed]	Date	M M M	01	D / Y Y 201	4
Signature								

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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y = Y = Y = Y
П	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Heather Ainsworth	M	10 ^M	30	2014
	Mailing Address 9685 Paula St	Amou	nt		
	City State Zip Code	П.			45.00
	Keithville LA 71047			n ID: a3a4ce12 bursement or C	2-f56e-47dd-8
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	30	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 223984.53 Disbu 2014	rsemen		Primary specify) ▶	General
	Full Name of Payee			olic Distribution	Dissemination
	Heather Ainsworth	M		/ 30 /	2014
	Mailing Address 9685 Paula St	Amou	nt		
	City State Zip Code				41.10
	Keithville LA 71047			ID: 540e72fd- bursement or (
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	30	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 223984.53			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				86.10
	(b) SUBTOTAL of Unitemized Independent Expenditures			7 1 7	
	(c) TOTAL Independent Expenditures	Ε.		77-	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	01	D / Y Y 201	4 Y
	Signature		_		

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OF

Schedule E)	INI EXI END	THORIES		PAGE 47 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Thomas A Gawdun			M = M	ic Distribution/Dissemination
Mailing Address 2207 SE 64th St			10 Amount	30 2014
City.	Ctata	Zin Codo		60.00
City Topeka	State KS	Zip Code 66605		60.00 ID: 406cefb3-b170-4248-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	/ 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	;	200235.20	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Thomas A Gawdun			10	30 / 2014
Mailing Address 2207 SE 64th St			Amount	
City	State	Zip Code		19.41
Topeka	KS	66605		ID: 2a11e64a-8942-4d4b-a pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 M	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	- 7 7	200235.20	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	tures			79.41
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
. ,				4 4
(c) TOTAL Independent Expenditures			•	79. 1 79. 1
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 01	2014
•				

Schedule	e E)	I EXPEND	TOTILS		PAGE 48 OF 172 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if 2	24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y Y
	me of Payee by R Blair				of Public Distribution/Dissemination
Mailing	Address 402A N 10th St			Amour	10 30 2014 nt
City		State	Zip Code		20.00
Manha		KS	66502		action ID : 19191877-8c87-4c5d-a of Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 001	M	10 30 / 2014
Name o	of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Gre	eg Orman		X Oppose	Preside	ent Senate State: KS
	lendar Year-To-Date r Election for Office Sought	, , , , 2	00235.20	Disbursement 2014 Of	t For: Primary X General
	me of Payee			Date of	of Public Distribution/Dissemination
	ua J Huffman			M	10 30 / Y Y Y Y Y
Mailing	Address 211 Dixie Ave			Amou	nt
City		State	Zip Code		40.00
Harriso		VA	22801		ction ID : d5aa62c7-7102-49fc-9 of Disbursement or Obligation
Salary	e of Expenditure		Category/ Type 001	М	10 30 / 2014
	of Federal Candidate		Support	Office Sough	t: District: 00
Mr. Gre	eg Orman		X Oppose	Preside	
	alendar Year-To-Date or Election for Office Sought	7	200235.20	Disbursemen 2014 O	t For: Primary
(a) SUB	TOTAL of Itemized Independent Expenditure	9S			60.00
(b) SUB	TOTAL of Unitemized Independent Expendit	tures			7 7 7
				,	4-14-14-14-1
(c) TOTA	AL Independent Expenditures			•	7 7 7
with, or a	enalty of perjury I certify that the independent the request or suggestion of, any candida nmittee) any political party committee or its	ate or authorized			
Signa	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	01 2014
Oigila					

Schedule E)	TI EXI END	THORIES		PAGE 49 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Caelan J Blair			M 10	
Mailing Address 510 Haymaker Hall			Amount	
City	State	Zip Code		20.00
Manhattan	KS	66506		tion ID: 05651728-fe1a-4e62-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	;	200235.20	Disbursement F 2014 Other	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Eva M Johnston			10 M	
Mailing Address 2517 N 47th St			Amount	
City	State	Zip Code		45.00
Milwaukee	WI	53210		ion ID: a048b093-6d6a-47fa-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	200235.20	Disbursement F 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			65.00
(a) GODIONIZ OF NOTHED THEOPERIUS EXPONENT				7 7 7
(b) SUBTOTAL of Uniternized Independent Expendent	litures		· •	7.1.7.1.7.1
(c) TOTAL Independent Expenditures			•	7 1 7 1 0
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		01 2014
-				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
7	Full Name of Payee	Date of Public Distribution/Dissemination
	Anthony Buchanan	10 30 7 2014
	Mailing Address 1090 McHone Rd	Amount
ŀ	City State Zip Code	60.00
	Spruce Pine NC 28777	Transaction ID: f0821dda-3fa1-41b1-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 2014
f	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	4077007 07	ursement For: Primary General
	Per Election for Office Sought	Other (specify) >
	Full Name of Payee Julie M Gentry	Date of Public Distribution/Dissemination
	Mailing Address 314 S Main St	10 30 2014 Amount
	City State Zip Code	108.00
	Roxboro NC 27573	Transaction ID: 10f9f289-c306-4195-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
		ursement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	168.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not make with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Signature	

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OF

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC ID	DENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	С	C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M = M /	D = D / Y = Y = Y
	Full Name of Payee Julie M Gentry	Date of Public	c Distribution/Dissemination
	,	10	30 2014
	Mailing Address 314 S Main St	Amount	
ı	City State Zip Code		13.53
	Roxboro NC 27573	Transaction I Date of Disbu	ID: 9421eb1d-115a-420f-a ursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	30 / 2014
ı	Name of Federal Candidate Support Office	Sought:	House District: 00
١	Ms. Kay Hagan Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Other (sp	Primary
	Full Name of Payee Brian A Sherwood Mailing Address 1003 W 5th St	Date of Public 10 Amount	c Distribution/Dissemination
	City State Zip Code		75.00
١			D: d0f2b252-470c-4cb2-9 ursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	30 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	President 2	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 200235.20	rsement For: Other (sp	Primary ⊠ General Decify) ►
((a) SUBTOTAL of Itemized Independent Expenditures	1 1 7	88.53
((b) SUBTOTAL of Unitemized Independent Expenditures		
((c) TOTAL Independent Expenditures	1 2	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date Signature	M / D D D D 01	2014
	Oignaturo		_

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Schedule E)				PAGE 52 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D D / Y D Y D Y
Full Name of Payee Brian A Sherwood			Date of Public	Distribution/Dissemination
Mailing Address 1003 W 5th St			10 Amount	30 2014
City	State	Zip Code		18.60
Coffeyville	KS	67337		D: 93950853-3b4c-4ec4-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , , 2	200235.20	Disbursement For: 2014 Other (spe	Primary ☐ General
Full Name of Payee			Date of Public	Distribution/Dissemination
Sommer E Cox			10	30 / 2014
Mailing Address 1519 Walshtown Rd			Amount	
City	State	Zip Code		68.00
Boomer	NC	28606		: c9414cee-64cc-407b-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1077927.97	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	86.60
(b) SUBTOTAL of Unitemized Independent Expendit	tures		· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	11 / 01	2014

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	1	FEC I	DENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	ck if X 24-hour report 48-hour report New report Amends report filed		М	/ D D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	f Publ	ic Distribution/	Dissemination
	Sommer E Cox		10 ^M	30	2014
	Mailing Address 1519 Walshtown Rd	Amoun	t		
ŀ	City State Zip Code				8.10
	Boomer NC 28606			ID: 9dd71a0a	a-c2e6-4a93-9 Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	/ 30 /	2014
ı	Name of Federal Candidate Support Office	Sought	: [House	District:00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ırsement		Primary	X General
ŀ	Full Name of Payee				/Dissemination
	Patricia F Arnold	M	1 Fubi	/ DID /	2014
	Mailing Address 1117 Clipper Dr	Amoun	-	00	2011
ŀ	City State Zip Code				21.00
	Slidell LA 70458			ID: b49b5179	-3bcd-48b9-9
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	30	2014
ľ	Name of Federal Candidate Support Office	Sought	: [House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	nt [Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 223984.53			Primary	General
(6	a) SUBTOTAL of Itemized Independent Expenditures	Ľ.		7	29.10
(1	b) SUBTOTAL of Unitemized Independent Expenditures			7	
(c) TOTAL Independent Expenditures		-7	-7-	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not martith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	01) / Y Y 201	4
	Signature				

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OF

Schedule E)		PAGE 54 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Patricia F Arnold	_	of Public Distribution/Dissemination
Mailing Address 1117 Clipper Dr	[M 10 / 30 / Y 2014
3 3 Tri Clippel Di	Amo	unt
City State Zip	Code	2.40
Slidell LA 704		saction ID: aec87548-e34f-4ffa-8 of Disbursement or Obligation
Purpose of Expenditure Mileage Ca	ategory/ Type 002	10 / 30 / 2014
Name of Federal Candidate	Support Office Soug	ht: House District: 00
Ms. Mary L Landrieu	Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought 22396	Disburseme 2014	nt For: Primary X General Other (specify) ▶
Full Name of Payee Talia J DeGisi	Date	of Public Distribution/Dissemination
No the land Address		10 30 2014
Mailing Address 9513 Beverly Dr	Amo	unt
City State Zip	Code	30.00
	207 Trans Date	action ID : d9f263ec-d3e6-4add-b of Disbursement or Obligation
Purpose of Expenditure Salary Ca	ategory/ Type 001	10 / 30 / 2014
Name of Federal Candidate	Support Office Soug	ht: House District: 00
Mr. Greg Orman	Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought	00235.20 Disburseme 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures		32.40
(b) SUBTOTAL of Unitemized Independent Expenditures	•	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	v Filed] Date 11	01 2014
Signature		

Schedule E)	I EXI END			PAGE 55 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Talia J DeGisi			м = м	blic Distribution/Dissemination
Mailing Address 9513 Beverly Dr			Amount	30 2014
City	State	Zip Code		3.00
Overland Park	KS	66207		on ID: 68eb9097-63cc-409f-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	2	200235.20	Disbursement For 2014 Other	: Primary X General (specify) ▶
Full Name of Payee Zachary Vidrine			Date of Pu	ablic Distribution/Dissemination
Mailing Address 202 Rue Des Cajun			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586		n ID: c05cfa02-d7c0-4f86-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 ^M	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		223984.53	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditure	!S			53.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	<u> </u>
(c) TOTAL Independent Expenditures			.	7.1.7.1.4.1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D O	
Signature				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Zachary Vidrine	10 30 2014
	Mailing Address 202 Rue Des Cajun	Amount
	City State Zip Code	16.50
	Ville Platte LA 70586	Transaction ID : 38bc4cfd-2712-4f49-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 223984.53 Disbut 223984.53	ursement For: Primary X General
	Tot Election for Cinice Gought	Other (specify)
	Full Name of Payee Jordyn Kilbury	Date of Public Distribution/Dissemination
	Mailing Address 5416 S Santa Fe Street	10 30 2014 Amount
	City State Zip Code	120.00
	Wichita KS 67216	Transaction ID : 66e7aea0-66c4-4964-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disb 200235.20	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	136.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		1 01 2014
	Signature	

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		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on
T	Full Name of Payee Jordyn Kilbury	Date of Public Distribution/Dissemination
	• •	10 30 2014
	Mailing Address 5416 S Santa Fe Street	Amount
ı	City State Zip Code	17.40
	Wichita KS 67216	Transaction ID : 767b37e5-369b-4eab-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 30 2014
Ī	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20 Disbut 2014	rsement For: Primary
	Full Name of Payee Leona Martin	Date of Public Distribution/Dissemination
	Mailing Address 9901 Floyd St	10 30 2014 Amount
ŀ	City State Zip Code	35.00
	Overland Park KS 66212	Transaction ID: 9329cb82-75d0-4cf7-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 7 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	52.40
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	M / 01 / 2014
	Signature	

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Schedule E)	ENT EXTEND	1101120	PAGE 58 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Leona Martin			10 30 7 2014
Mailing Address 9901 Floyd St			Amount
City	State	Zip Code	6.60
Overland Park	KS	66212	Transaction ID: c364151a-a2b9-411e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	.,.,	200235.20	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Darian F Lookout			Date of Public Distribution/Dissemination
			10 30 2014
Mailing Address 155 Indian Ave Box# 166			Amount
City	State	Zip Code	30.00
Lawrence	KS	66046	Transaction ID: 0de8ef5a-f048-4c62-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 30 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	,,,,,	200235.20	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		36.60
,,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•
(c) TOTAL Independent Expenditures			>
	ididate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 01 2014
Signature	LERCHON	ncany Fuea Date	11 01 2014

ooneddie E	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Darian F Lookout	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Indian Ave Box# 166	Amount
City State Zip Code	9.00
Lawrence KS 66046	Transaction ID : 6cd0999f-c315-43e9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 30 7 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought Disbur 200235.20 Disbur 2014	sement For: Primary General
Full Name of Payee	Other (specify)
Casey Stockton	Date of Public Distribution/Dissemination
Mailing Address 105 South Dale St	10 30 2014 Amount
City State Zip Code	65.00
Spruce Pine NC 28777	Transaction ID: e2328d8e-37ae-434f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 30 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	74.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1.7.1.7.1.2.1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not man with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Mary Johnson	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 105 South Dale St	Amount
	City State Zip Code	55.00
	Spruce Pine NC 28777	Transaction ID: 71283d54-5f39-4ae6-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M 10 / 30 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	Full Name of Payee Theresa a Youngblood	Date of Public Distribution/Dissemination
	Mailing Address	10 30 / 2014
	Mailing Address 102 S Main Street Apt A2	Amount
	City State Zip Code	80.00
	Berryville VA 22611	Transaction ID: b2298b3d-d387-4d4c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	135.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 01 2014
	Signature	

PAGE

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OF

							FOR SE OF	FORM 24/48
	COMMITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
VVome	en Speak Out PAC					C	C00530766	
Check if	24-hour report 48-hour report	X New repo	rt Am	nends repo	rt filed on	M = M	/ D = D /	Y = Y = Y
	lame of Payee niel M Qauckenbush				Date		lic Distribution/	Dissemination
						10	30	2014
Mailir	ng Address 12062 NC 902 Hwy				Amo	ount		
City		State	Zip Code					70.00
Bear	Creek	NC	27207				n ID: 68f2e6bd bursement or C	
Purpo Sala	ose of Expenditure ry		Category/ Type	001]	10	30	2014
Name	e of Federal Candidate	'		Support	Office Sou	ght:	House	District: 00
Ms. I	Kay Hagan			Oppose	Presi		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought	107	77927.97		Disburseme 2014		Primary	General
Da	Name of Payee niel M Qauckenbush ng Address 12062 NC 902 Hwy				Date	10 ^M	olic Distribution	Dissemination Y Y Y Y Y 2014
City		State	Zip Code					18.00
	Creek	NC	27207				ID: 8b35db07 bursement or 0	-a4c7-4e82-a
Purp Mile	ose of Expenditure age		Category/ Type	002		10 10	30	2014 Y Y Y
Nam	e of Federal Candidate			Support	Office Sou	ght:	House	District: 00
Ms.	Kay Hagan		X	Oppose	Pres	dent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	1077927.9	7	Disburseme 2014		Primary specify) ▶	General
(a) Sl	JBTOTAL of Itemized Independent Expenditures				•	-	7	88.00
(b) Sl	JBTOTAL of Unitemized Independent Expenditur	es			•			
(c) TC	TAL Independent Expenditures				· [
with, o	penalty of perjury I certify that the independent r at the request or suggestion of, any candidate committee) any political party committee or its ac	or authorized						
	Ms. Emily Buchanan	[Electronic	cally Filed]	Date	11	01	D / Y Y 201	
Sig	nature							

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OF

	<u>-</u> ,			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y II Y II Y
	Full Name of Payee	Date o	f Pub	lic Distribution/	Dissemination
	Sabrina A Etcitty		10 ^M	30	2014
	Mailing Address 155 Indain Ave Box # 252	Amour	nt		
	City State Zip Code				40.00
	Lawrence KS 66046			n ID: ced111c4 bursement or C	l-dc0a-4b01-b
	Purpose of Expenditure Salary Category/ Type 001	М	10 ^M	30	2014
	Name of Federal Candidate Support Office	Sought		House	District:00
	Mr. Greg Orman	Preside		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20 2014	rsement			General
				specify) 🕨	
	Sabrina A Etcitty	Date o		olic Distribution	/Dissemination 2014
	Mailing Address 155 Indain Ave Box # 252	Amou		30	2014
	City State Zip Code	Г.			9.00
	Lawrence KS 66046			ID: aa753278- bursement or (9035-4768-a
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	30	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures	Ľ.			49.00
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			7	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	01	D / Y Y 201	4
	Signature				

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OF

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
WOMEN SNEAK CHIT PAL.	
Women opeak out 1 Ao	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Date	of Public Distribution/Dissemination
	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 41176 Bertville Rd Amou	unt
City State Zip Code	30.00
Gonzales LA 70737 Trans	saction ID: c22b4b30-d545-4084-b of Disbursement or Obligation
Purpose of Expenditure	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu Preside	lent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursemer 223984.53 Disbursemer	nt For: Primary ⊠ General Other (specify) ▶
	of Public Distribution/Dissemination
Krista J Smith	M = M / D = D / Y = Y = Y
Mailing Address 41176 Bertville Rd Amou	
City State Zip Code	4.80
	action ID: c9b7d308-ea53-47da-a of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 30 / 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Oppose Presid	lent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	34.80
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	01 2014
Signature	

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OF

,	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC C coos30766						
Check if X 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y					
Christopher L Gilbert	ic Distribution/Dissemination					
Mailing Address 55 Lovell Johnson Rd Amount	30 2014					
City State Zip Code	67.50					
Picayune MS 39466 Transaction	ID: 708d24e4-038a-4196-9 bursement or Obligation					
Purpose of Expenditure Salary Category/ Type 001 10	30 2014					
Name of Federal Candidate Support Office Sought:	House District: 00					
Me Mary Llandriau	Senate State: LA					
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 223984.53 Other (s	Primary ⊠ General pecify) ►					
Christopher L Gilbert	lic Distribution/Dissemination					
Mailing Address 55 Lovell Johnson Rd Amount	30 2014					
City State Zip Code	38.40					
Picayune MS 39466 Transaction I	ID: 7e29d744-23ff-428d-a oursement or Obligation					
Purpose of Expenditure Mileage Category/ Type 002	30 / 2014					
Name of Federal Candidate Support Office Sought:	House District: 00					
Ma March Lander	Senate State: LA					
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary X General specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	105.90					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	7 7					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coopera with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronically Filed] Date 11 01	2014					

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Malissa A Arsnoe	М	10 ^M	30	2014
	Mailing Address 3301 N First St	Amou	nt		
ŀ	City State Zip Code	Г.			15.00
	Jacksonville AR 72076			ID: bbec39f1 bursement or C	-5f10-4242-8
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	30	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside		Senate	State: AR
l	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary specify) ▶	General
ľ	Full Name of Payee Malissa A Arsnoe	Date o	M	olic Distribution	Y Y Y Y Y
ŀ	Mailing Address 3301 N First St	Amou	10 nt	30	2014
ŀ	City State Zip Code				4.20
	Jacksonville AR 72076			ID: 6bc9818f-lbursement or C	0a9f-43fc-8
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	30	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 220289.85			Primary specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures			7	19.20
(b) SUBTOTAL of Unitemized Independent Expenditures			p	
(c) TOTAL Independent Expenditures			F 1 2	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not market, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	01	201	4
	Signature				

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OF

FEC IDENTIFICATION NUMBER ▼ C C00530765		modulo L)	FOR SE OF FORM 24/48
Check if 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Kenny Wallis Mailing Address 6412 Osage Dr City State Zip Code Mr. Mark L Pryor Caledar Year-To-Date Per Election for Office Sought City State Zip Code Mr. Mark L Pryor Caledar Year-To-Date Purpose of Expenditure Milling Address 6412 Osage Dr City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Category/ Office Sought: House District: 00 Transaction ID: e2244991-0049-4079-9 Date of Diebursement or Obligation To 20 2014 Amount Full Name of Payee Kenny Wallis Mailing Address 6412 Osage Dr City State Zip Code North Little rock AR 72116 Date of Public Distribution/Dissemination To 30 2014 Amount Date of Public Distribution/Dissemination Transaction ID: e6969-40c-4153-9 Date of Diebursement For: Debt Date of Diebursement For: Diebur	۷۱	omen Speak Out PAC	C C00530766
Mailing Address 6412 Osage Dr	Che	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 6412 Osage Dr City State Zip Code Transaction ID: e28499t-c043-4070-9 Name of Federal Candidate Support Office Sought House District: 00 Mr. Mark L Pryor Oppose Pictorion for Office Sought 220289.85 Full Name of Payea Kenny Wallis Mailing Address 6412 Osage Dr City State Zip Code North Little rock AR 72116 Name of Payea Kenny Wallis Mailing Address 6412 Osage Dr City State Zip Code North Little rock AR 72116 Purpose of Expenditure Mileage Category/ 002 Name of Federal Candidate Mr. Mark L Pryor Oppose Category/ 002 Transaction ID: e28499t-c043-4070-9 Date of Disbursement or Obligation Transaction ID: e1949a9 Transaction ID: e1944a9 Transaction ID: e1949a9 Transaction ID: e194	П		Date of Public Distribution/Dissemination
City State Zip Code North Little rock AR 72116 Purpose of Expenditure Salary Category/ Type On1 To 0 0 0 2014 Name of Federal Candidate Support Office Sought House District: OO President Senate State: AR Calendar Year-To-Date President Senate State: AR Disbursement For: Primary General President General Pr		•	
North Little rock AR 72116 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pyor Calegory/ Type 001 Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Purpose of Expenditure Salary Calendar Year-To-Date Purpose of Expenditure Calendar Year-To-Date Purpose of Expenditure Mileage North Little rock AR 72116 Transaction ID: e284a9b1-c048-4070-9 Date of Disbursement or Obligation President Senate State: AR Disbursement For: Primary Senate State: AR Disbursement For: Primary Senate State: AR Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Mark L Pryor Category/ 502 Transaction ID: e384a9b1-c048-4070-9 Date of Public Distribution/Dissemination To 30 2014 Amount Amount Category/ 502 Transaction ID: 5bbe0cft-54cc-4153-9 Date of Dublic Distribution/Dissemination Transaction ID: 5bbe0cft-54cc-4153-9 Date of Disbursement For: Primary Salary Calendar Year-To-Date President Senate State: AR Calendar Year-To-Date Per Election for Office Sought Amount Category/ 502 Transaction ID: 5bbe0cft-54cc-4153-9 Date of Disbursement For: Salary Category/ 503 Date of Disbursement For: Salary Category/ 504 Category/ 505 Date of Dublic Distribution/Dissemination Transaction ID: 604 Amount Amount Amount City Category/ 500 Transaction ID: 604 Category/ 504 Category/ 507 Date of Dublic Other (specify) Firmary Category/ 507 Date of Dublic of Dublic Other (specify) Firmary Category/ 507 Date o		Mailing Address 6412 Osage Dr	Amount
North Little rock AR 72116 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pyor Calegory/ Type 001 Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Purpose of Expenditure Salary Calendar Year-To-Date Purpose of Expenditure Calendar Year-To-Date Purpose of Expenditure Mileage North Little rock AR 72116 Transaction ID: e284a9b1-c048-4070-9 Date of Disbursement or Obligation President Senate State: AR Disbursement For: Primary Senate State: AR Disbursement For: Primary Senate State: AR Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Mark L Pryor Category/ 502 Transaction ID: e384a9b1-c048-4070-9 Date of Public Distribution/Dissemination To 30 2014 Amount Amount Category/ 502 Transaction ID: 5bbe0cft-54cc-4153-9 Date of Dublic Distribution/Dissemination Transaction ID: 5bbe0cft-54cc-4153-9 Date of Disbursement For: Primary Salary Calendar Year-To-Date President Senate State: AR Calendar Year-To-Date Per Election for Office Sought Amount Category/ 502 Transaction ID: 5bbe0cft-54cc-4153-9 Date of Disbursement For: Salary Category/ 503 Date of Disbursement For: Salary Category/ 504 Category/ 505 Date of Dublic Distribution/Dissemination Transaction ID: 604 Amount Amount Amount City Category/ 500 Transaction ID: 604 Category/ 504 Category/ 507 Date of Dublic Other (specify) Firmary Category/ 507 Date of Dublic of Dublic Other (specify) Firmary Category/ 507 Date o	ŀ	City State Zin Code	55.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Category/ Wallis Mailing Address 6412 Osage Dr City State Category/ Mileage Category/ Mileage Category/ Cother (specify) Date of Public Distribution/Dissemination Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement For: Date of Public Distribution/Dissemination Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disbursement or Obligation Tanasaction ID : 6bbetoffb-64cc-4153-9 Date of Disburs			Transaction ID : e284a9b1-c048-4070-9
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Kenny Wallis Mailing Address 6412 Osage Dr City State Zip Code North Little rock AR 72116 Purpose of Expenditure Mileage Category/ Mileage Calendar Year-To-Date Per Election for Office Sought Name of Pederal Candidate Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Mileage Category/ Mileage Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Amount Cother (specify) ▶ Transaction ID : 6bboorth-64c-4153-9 Date of Disbursement or Obligation Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Cother (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office So		Salary Category/ 004	M M / D D / Y Y Y Y
Mr. Mark L Pryor Calendar Year-To-Date President Senate State AR	ı	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought Full Name of Payee Kenny Wallis Mailing Address 6412 Osage Dr City State Zip Code North Little rock AR 72116 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Electi		Ma Mad I Bassa	
Full Name of Payee Kenny Wallis Mailing Address 6412 Osage Dr City State Zip Code North Little rock AR 72116 Purpose of Expenditure Mileage Category/ Mileage Support Office Sought House District: 00 Mr. Mark L Pryor Soppose President Senate State: AR Calendar Year-To-Date Per Election for Office Sought 220289.85 Quality Senate State: AR Disbursement For: Primary General Category/ Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanon [Electronically Filed] Date 11 01 2014		000000 05	
Mailing Address 6412 Osage Dr		Per Election for Office Sought	
Mailing Address 6412 Osage Dr City State Zip Code North Little rock AR 72116 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support Office Sought Senate State: AR Calendar Year-To-Date Per Election for Office Sought 220289.85 (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Amount Transaction ID : 6bbe0cfb-64cc-4153-9 Date of Disbursement or Obligation To Boursement or Obligation To President Senate State: AR Disbursement For: Primary General 2014 Other (specify) Cother (specif		Full Name of Payee Kenny Wallis	
North Little rock AR 72116 Transaction ID: 6bbe0cfb-64cc-4153-9 Date of Disbursement or Obligation M10 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Transaction ID: 6bbe0cfb-64cc-4153-9 Date of Disbursement or Obligation M10 Support Office Sought: House District: O0 President Senate State: AR Disbursement For: Primary Other (specify) 64.36 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Mailing Address 6412 Osage Dr	التنالنا لنا
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Disbursement or Obligation Office Sought: House District: O0 President X Senate State: Primary X General Other (specify) 64.36	ı	City State Zip Code	9.36
Purpose of Expenditure Mileage Category Type 002 10		North Little rock AR 72116	Transaction ID : 6bbe0cfb-64cc-4153-9 Date of Disbursement or Obligation
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Cother (specify) Cother (spe		Mileage Calegory/ 002	M - M / D - D / Y - Y - Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	١	Name of Federal Candidate Support Office	e Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures		Mr. Mark L Pryor Oppose	President State: AR State:
(c) TOTAL Independent Expenditures		Calcinati Teal Te Bate	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 11 01 2014		(a) SUBTOTAL of Itemized Independent Expenditures	64.36
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date The property of the reporting entity is not a political party committee or its agent.	((b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Man	((c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 01 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
Bate		[F1 - 4 1 1 - 1 - 1 - 1 - 1	

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Schedule E)	ENT EXILIB	TIONES	PAG FOR	GE 67 OF 172 R SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC						
Check if 24-hour report 48-hour report	New rep	port Amends repo	t filed on	D / Y = Y = Y		
Full Name of Payee			Date of Public Dist	ribution/Dissemination		
Ms. Tonya Boyd				30 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount			
City	State	Zip Code		45.00		
Mt. Airy	NC	27030	Transaction ID : 6 Date of Disbursem	af15750-a06f-4950-b ent or Obligation		
Purpose of Expenditure Salary		Category/ Type 001		30 / 2014		
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00		
Ms. Kay Hagan		X Oppose	President X Se	enate State: NC		
Calendar Year-To-Date Per Election for Office Sought	1	077927.97	Disbursement For: 2014 Other (specify)	Primary General		
Full Name of Payee			Date of Public Dis	tribution/Dissemination		
Ms. Tonya Boyd			10 / D	30 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount			
City	State	Zip Code		8.64		
Mt. Airy	NC	27030	Transaction ID : d0 Date of Disbursem	ea15161-72cb-49d8-9 ent or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10 / D	30 / 2014		
Name of Federal Candidate		Support	Office Sought:	ouse District: 00		
Ms. Kay Hagan		Oppose	President S			
Calendar Year-To-Date Per Election for Office Sought		1077927.97	Disbursement For: 2014 Other (specify	Primary X General		
(a) SUBTOTAL of Itemized Independent Expendent	litures		.	53.64		
(b) SUBTOTAL of Unitemized Independent Exp	enditures					
(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			7	4		
(c) TOTAL Independent Expenditures			>	-9-		
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 01 /	2014		

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lauren E Heffington	10 30 Y Y Y Y Y Y
	Mailing Address 488 Broadwell Dr	Amount
	City State Zip Code	50.00
	Nashville TN 37220	Transaction ID: e12910c6-dd20-4e59-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	00000005	ursement For: Primary X General
	Per Election for Office Sought 220289.85 2014	Other (specify) ▶
	Full Name of Payee Lauren E Heffington	Date of Public Distribution/Dissemination
	Mailing Address 488 Broadwell Dr	10 30 2014 Amount
	City State Zip Code	6.36
	Nashville TN 37220	Transaction ID : 8d353659-00d7-4010-8
	Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation 10 30 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	56.36
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		1 01 2014
	Signature	

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report file	d on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Christine R McDonald	10 30 2014
	Mailing Address 3751 N Jeanette Ave	Amount
	City State Zip Code	35.00
	Wichita KS 67204	Transaction ID : a1e7f256-3235-4ab8-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 30 / 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	000005 00	oursement For: Primary X General
	Per Election for Office Sought 200235.20 2012	Other (specify)
	Full Name of Payee Christine R McDonald	Date of Public Distribution/Dissemination
	Mailing Address 3751 N Jeanette Ave	10 30 2014 Amount
	City State Zip Code	14.40
	Wichita KS 67204	Transaction ID : f21f8882-2c23-40f5-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 30 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Dist 200235.20	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	49.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(T) (' 11 T) 11	11 01 2014
	Signature	
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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Lyndsey R Tarr	10 30 2014
	Mailing Address 109 Essex Cv	Amount
	City State Zip Code	10.00
	Jacksonville AR 72076	Transaction ID : 51d05a7b-2a1d-4797-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
		ursement For: Primary X General
	Per Election for Office Sought 220289.85 2014	Other (specify) ▶
	Full Name of Payee Lyndsey R Tarr	Date of Public Distribution/Dissemination
	Mailing Address 109 Essex Cv	10 30 2014
	Mailing Address 109 Essex Cv	Amount
	City State Zip Code	4.50
	Jacksonville AR 72076	Transaction ID: 72bbf32f-8f70-437e-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 30 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	14.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Marlene A Prosser	10 30 Y Y Y Y Y Y Y
	Mailing Address 1510 Decatur Rd	Amount
	City State Zip Code	30.00
	Grantville KS 66429	Transaction ID: 6fcc37bd-946e-4664-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M 10 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20 Disbut 2014	ursement For: Primary X General Other (specify) ▶
	Full Name of Payee Marlene A Prosser	Date of Public Distribution/Dissemination
		10 30 2014
	Mailing Address 1510 Decatur Rd	Amount
	City State Zip Code	9.90
	Grantville KS 66429	Transaction ID: a373a95b-ebcb-4a86-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 30 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	39.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
	(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 01 2014
	Signature	

PAGE

OF

Schedule E)	I EXI END	TOTILO		PAGE 72 OF 172 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)							
Women Speak Out PAC							
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y			
Full Name of Payee Rielly McMillion			Date of P	ublic Distribution/Dissemination			
Mailing Address 2501 Boone Trail			10	30 / 2014			
			Amount				
City	State	Zip Code		24.20			
N Wilksboro	NC	28659		on ID: 50e0a83d-ca81-4d5a-8 hisbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	30 / Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	President	Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	10	077927.97	Disbursement For 2014 Other	or: Primary ⊠ General (specify) ▶			
Full Name of Payee			Date of F	Public Distribution/Dissemination			
Amy J McMillion			10	30 / 2014			
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount				
City	State	Zip Code		45.80			
Wilkesboro	NC	28697		on ID: 736af030-d682-4592-8 Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	President	Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	7	1077927.97	Disbursement For 2014 Other	or: Primary X General r (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	70.00			
(b) SUBTOTAL of Unitemized Independent Expendit	ures			7 7 7			
			,	45 45			
(c) TOTAL Independent Expenditures			•	7 7 7			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		01 2014			
Signature							

				FOR SE OF FORM 24	/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBI	ER ▼
Women Speak Out PAC				C C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amends re	port filed on	M = M / D = D / Y = Y = Y	Y
Full Name of Payee			Date	e of Public Distribution/Dissemina	tion
Amy J McMillion				M M / D D / Y Y 1	Y
Mailing Address 1325 S Collegiate Dr Apt 202G			Amo	ount	
City	State	Zip Code		14	.70
Wilkesboro	NC	28697		nsaction ID: c78ca9f6-eb7f-4cc1 e of Disbursement or Obligation	-a
Purpose of Expenditure Mileage		Category/ Type 00		10 30 7 2014	
Name of Federal Candidate		Support	Office Soug	ght: House District:	00
Ms. Kay Hagan		X Oppose	Presi		NC
Calendar Year-To-Date Per Election for Office Sought	, 10	77927.97	Disburseme 2014	ent For: Primary ⊠ Ge Other (specify) ▶	eneral
Full Name of Payee Mary Catherine Toburen Mailing Address 1222 SE 44 St				e of Public Distribution/Dissemina 10 30 2014	ΥΥΥ
City	State	Zip Code		75.	00
Topeka	KS	66609	Trans	saction ID : 32016189-c20a-4b20 e of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 00		10 30 2014	
Name of Federal Candidate		Support	Office Sou	ght: House District:	00
Mr. Greg Orman		X Oppose	Pres	ident State:	KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	200235.20	Disburseme 2014	ent For: Primary X Ge Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Independent Expenditures	S		···· 	89.70)
(b) SUBTOTAL of Unitemized Independent Expenditu	res		-		
(c) TOTAL Independent Expenditures			···· \		
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized				
Ms. Emily Buchanan	[Electroni	cally Filed] Da	ate 11	01 2014	
Signature					

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OF

	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Christopher Marquess	10 30 2014
	Mailing Address 110 W Pecan St	Amount
	City State Zip Code	45.00
	Ville Platte LA 70586	Transaction ID : 052d9895-ad2e-4b23-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	000004.50	ursement For: Primary X General
	Per Election for Office Sought 223984.53 2014	Other (specify) ▶
	Full Name of Payee Christopher Marquess	Date of Public Distribution/Dissemination
	Mailing Address 110 W Pecan St	10 30 2014 Amount
	City State Zip Code	36.00
	Ville Platte LA 70586	Transaction ID : ebdeb363-2f7c-4e8b-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 223984.53	ursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	81.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) (* 11 77) 11	11 01 2014
	Signature	

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OF

Schedule E)	LAFLINDI			PAGE 75 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee Joseph R English				of Public Distribution/Dissemination
Mailing Address 915 East Market Ave Apt 4			Amou	10 30 2014 unt
City	State	Zin Codo		90.00
Searcy	AR	Zip Code 72143		saction ID : fb154ccd-3d3e-433b-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 30 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	AD.
Calendar Year-To-Date Per Election for Office Sought	. 2	20289.85	Disbursement 2014	nt For:
Full Name of Payee Joseph R English				of Public Distribution/Dissemination
Mailing Address 915 East Market Ave Apt 4			Amor	10 30 2014 unt
City	State	Zip Code	— r	48.00
Searcy	AR	72143		action ID : 1b7fbc09-11c3-4a41-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002] [10 30 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	1 1 9	220289.85	Disburseme 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				138.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	11 /	01 / 2014

Schedule E)	IVI EXI END	ITORES		PAGE 76 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Gabriela P Sosa			M 10 /	30 / 2014
Mailing Address 2530 Brook Stone Dr			Amount	
City	State	Zip Code		80.00
Clemmons	NC	27012		D: b76d243d-8066-4557-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	077927.97	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Gabriela P Sosa			10 N	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2530 Brook Stone Dr			Amount	
City	State	Zip Code		18.00
Clemmons	NC	27012		D: bd1ac1b4-357d-4729-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1077927.97	Disbursement For: 2014 Other (sp	Primary X General Decify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			98.00
			7	
(b) SUBTOTAL of Unitemized Independent Expen	ditures)	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 01	2014
- 3				

NAME OF COMMITTEE (In Full)	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Felicia A Jones	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4106 Martha St	nount
City State Zip Code	80.00
Shreveport LA 71109 Tra	ansaction ID : c57ea865-6820-46be-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 223984.53 Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date Felicia A Jones	te of Public Distribution/Dissemination
Mailing Address 4106 Martha St	10 30 2014
- 4100 Martina Ot	nount
City State Zip Code	8.10
Da'	nsaction ID: 9f59b02c-8638-4834-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 30 7 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	nent For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	88.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	INT EXI END	HONES		PAGE 78 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Cecilla A Rebrick				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5003 Allison Lane			Amour	nt
City	State	Zip Code		60.00
Ft. Smith	AR	72901		action ID : 131a33ca-6394-44e7-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 30 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		220289.85	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
Cecilla A Rebrick			M	10 30 / Y Y Y Y Y Y Y
Mailing Address 5003 Allison Lane			Amour	nt
City	State	Zip Code		6.60
Ft. Smith	AR	72901		ction ID: 0d9f65c5-1d02-47ae-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 30 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		220289.85	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			66.60
#N			_	
(b) SUBTOTAL of Unitermized Independent Expen	ditures		• •	7 7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 /	01 2014
- 3				

Schedule E)	I EXI END	TOTILO		PAGE 79 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Mary D Meens			M 10	
Mailing Address 5724 SW Arrowhead Ct			Amount	
City	State	Zip Code	-	35.00
Topeka	KS	66614		tion ID : c2dc6f25-2d14-40a3-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , , 2	200235.20	Disbursement F 2014 Other	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Mary D Meens			M 1	
Mailing Address 5724 SW Arrowhead Ct			Amount	
City	State	Zip Code		10.80
Topeka	KS	66614		ion ID: 7a9e9897-0c1a-4f4c-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, , ,	200235.20	Disbursement I 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			45.80
,, ,				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7 7
(c) TOTAL Independent Expenditures			•	4 1 4 1 6
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		01 / 2014

Ochicat	,		FOR SE OF	FORM 24/48
	COMMITTEE (In Full)	FEC	IDENTIFICATION	ON NUMBER ▼
vvome	n Speak Out PAC	С	C00530766	
Check if	X 24-hour report 48-hour report New report Amends report filed on	M = M	/ D = D /	Y I Y I Y
Full N	ame of Payee	ate of Pub	blic Distribution/	Dissemination
	hael D English	10	30	2014
Mailir	g Address F4 Benton Ave Apt 4	mount		
City	State Zip Code			30.00
Sear			n ID: 332d518d bursement or C	
Purpo Sala	se of Expenditure	10	30	2014
Name	of Federal Candidate Support Office S	ought:	House	District: 00
Mr. N	ark I Pryor	resident	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:	,	X General
5.00	and of Paris		specify)	
	ame of Payee hael D English	M = M	blic Distribution	Y Y Y Y Y
Mailii	g Address F4 Benton Ave Apt 4	10 Amount	30	2014
City	State Zip Code			8.10
Sea	cy AR 72149 Tr	ansaction	ID: 543ab0e1	-3ccb-4949-b
Purp Mile	se of Expenditure	10	30	2014
Nam	of Federal Candidate Support Office S	ought:	House	District: 00
Mr. N	ark L Pryor Oppose P	resident	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Other (: Primary	General
(a) Sl	BTOTAL of Itemized Independent Expenditures		7-1-7-	38.10
(b) Sl	BTOTAL of Unitemized Independent Expenditures		7 7	
(c) TO	TAL Independent Expenditures		7	
with, o	penalty of perjury I certify that the independent expenditures reported herein were not made at the request or suggestion of, any candidate or authorized committee or agent of either, committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 11	/ D 01		4
Sig	ature	<u> </u>		

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		= М	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date o	f Pub	olic Distribution	Dissemination
	Mitch L Holmes		10 ^M	30	2014
	Mailing Address 211 SE 20th Ave	Amour	nt		
ŀ	City State Zip Code	Г.			10.00
	St John KS 67576			n ID: adc99efc	
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	30	2014
ı	Name of Federal Candidate Support Office	Sought	:	House	District:00
	Mr. Greg Orman	Preside		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbur 200235.20 Disbur 2014	rsement		Primary specify) ▶	X General
ľ	Full Name of Payee			olic Distribution	/Dissemination
	Mitch L Holmes	M		/ 30 /	2014
ľ	Mailing Address 211 SE 20th Ave	Amour			.20,1
ŀ	City State Zip Code	Г.			29.40
	·			ID: 6508b0d0 bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	/ 30 /	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20	rsement		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures				39.40
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	Ľ.		7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 11	M /	01	D / Y Y 201	4
	Signature				

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OF

Schedule E)	PAGE 82 OF 172 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼				
Women Speak Out PAC	C00530766				
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y				
James W Blevins					
Mailing Address 108 East Clinton St Amount	30 2014				
PO Box 410					
	25.00 on ID : 05b24c90-3246-46ba-a				
Purpose of Expenditure Salary Category/ Type 001 10	sbursement or Obligation / 30 / 2014				
Name of Federal Candidate Support Office Sought:	House District: 00				
Ms. Kay Hagan Ms. Kay Hagan Oppose President	Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	r: Primary X General (specify) ▶				
Full Name of Payee James W Blevins Date of Pu					
Mailing Address 108 East Clinton St Amount	30 2014				
PO Box 410					
	8.43 n ID : 08481231-f63d-431a-b				
Purpose of Expenditure Mileage Category/ Type O02	sbursement or Obligation / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office Sought:	House District:00				
Ms. Kay Hagan President	Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	r:				
(a) SUBTOTAL of Itemized Independent Expenditures	33.43				
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1				
(c) TOTAL Independent Expenditures	7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 11 0					

Schedule E)		101120		PAGE 83 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee Josh R Arnold				of Public Distribution/Dissemination
Mailing Address 1531 N Ridgewood Dr				10 30 2014
			7 111001	
City S Wichita	State KS	Zip Code 67208		30.00 action ID : 09a33728-42ce-484a-8
Purpose of Expenditure Salary		Category/ Type 001	М	of Disbursement or Obligation 10 30 2014
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Mr. Greg Orman		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	00235.20	Disbursement 2014 Ot	For: Primary
Full Name of Payee Josh R Arnold				of Public Distribution/Dissemination
Mailing Address 1531 N Ridgewood Dr			Amour	10 30 2014 nt
City	State	Zip Code		7.92
Wichita	KS	67208		ction ID : 048c5769-3cf1-4c3e-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 30 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Greg Orman		X Oppose	Preside	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		200235.20	Disbursement 2014 Of	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.				37.92
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 11	01
Signature				

	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jennifer F Gilbert	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 180 McNeil Steep Hollow Rd	Amount
	City State Zip Code	77.50
	Carriere MS 39426	Transaction ID : efa971ca-addf-495b-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 / Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu	President Senate State: LA
	000004.50	ursement For: Primary X General
	Per Election for Office Sought 223984.53 2014	Other (specify) ▶
	Full Name of Payee Jennifer F Gilbert	Date of Public Distribution/Dissemination
	Mailing Address 180 McNeil Steen Hollow Rd	10 30 2014
	Mailing Address 180 McNeil Steep Hollow Rd	Amount
	City State Zip Code	47.10
	Carriere MS 39426	Transaction ID : e958cab1-600d-40b5-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 D D D Z 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 223984.53	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	124.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(F1 - 4 1 1 1 - 1 - 1 -	11 01 2014
	Signature Date	2014

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OF

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Noah J Smith	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 41174 Bertville Rd	Amount
City State Zip Code	30.00
Gonzales LA 70737 T	ransaction ID: 5f7aee30-9985-43d6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 30 7 2014
Name of Federal Candidate Support Office S	ought: House District: 00
Ms. Mary L Landrieu Oppose Pr	resident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 223984.53 Disburse	ement For: Primary X General Other (specify) ▶
Full Name of Payee Stuart T Haley	Date of Public Distribution/Dissemination
	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 W Vine Ave	Amount
City State Zip Code	81.50
	ransaction ID: dfe6e2db-fdea-43ad-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 30 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
	resident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	111.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)	INT EXI END	TTOTILO		PAGE 86 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Xavier Miller			10	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 407 randall Dr			Amount	
City	State	Zip Code		80.00
Searcy	AR	72143		D: 83c8a86e-f6b3-486a-a rement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· , · · · · · · · ·	220289.85	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Xavier Miller			10	30 / 2014
Mailing Address 407 randall Dr			Amount	
City	State	Zip Code		39.00
Searcy	AR	72143		: 5f4b4f61-bd21-4f7c-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	220289.85	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			119.00
				7
(b) SUBTOTAL of Uniternized Independent Expen	ditures		•	492
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / D D D D D D D D D D D D D D D D D D	2014
· • · · · ·				

Schedule E)	II EXI END	TTOTILO		PAGE 87 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Robert B Johnson			Date of Publ	ic Distribution/Dissemination
Mailing Address 804 Worthington Way			10	30 2014
City Wilmington	State NC	Zip Code 28411		35.00 ID: 3b93c741-b22a-4fa2-b pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	077927.97	Disbursement For: 2014 Other (s	Primary
Full Name of Payee William M Criswell	_		M = M	lic Distribution/Dissemination
Mailing Address 115 Burns Mitchell Drive			10 Amount	30 2014
City	State	Zip Code		50.00
Belmont	NC	28012		ID : d5e5312e-2cc0-4000-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1077927.97	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Expenditur	es		•	85.00
(b) SUBTOTAL of Unitemized Independent Expendent	tures		•	
(a) TOTAL Independent Expenditures				7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 / D1	2014
Signature				

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
William M Criswell	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 115 Burns Mitchell Drive Amo	ount
City State Zip Code	8.10
Belmont NC 28012 Tran	nsaction ID: 51198af1-d273-4879-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M 10 / 30 / Y 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary ⊠ General Other (specify) ▶
	e of Public Distribution/Dissemination
	10 30 7 2014
Mailing Address 6101 NORA ST Amo	ount
City State Zip Code	70.00
	saction ID : 26b6e49f-d844-4f45-a e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District:00
Ms. Mary L Landrieu Presi	ident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	78.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	INT EXICID	TIONES	PAGE 89 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination
Mailing Address 272 Westgate Ct Apt 6			10 30 2014 Amount
Cit.	Chaha	Zin Cada	10.50
City Lexington	State NC	Zip Code 27295	Transaction ID : 4f655b3f-33ff-4987-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	077927.97	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination
Mailing Address 272 Westgate Ct Apt 6			10 30 2014 Amount
City	State	Zip Code	9.00
Lexington	NC	27295	Transaction ID : ce6c95bb-9f99-410a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 30 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1077927.97	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expend	itures		21.50
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
			7 7
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 01 2014
Signature			

Schedule E)	IN EXILID	HONES	+	PAGE 90 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Randy G Lookabill			M = M /	Distribution/Dissemination
Mailing Address 200 Carawood Lane			10 Amount	30 2014
City	Ctata	7in Codo		F7 F0
City Lexington	State NC	Zip Code 27295		57.50 D: 93cbe458-cbe2-41bb-9 resement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	1	077927.97	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Randy G Lookabill			M = M /	Distribution/Dissemination
Mailing Address 200 Carawood Lane			Amount	30 2014
City	State	Zip Code		15.90
Lexington	NC	27295		: 18751d93-7e52-4f0b-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1077927.97	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			73.40
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
			7	4
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 01	2014
Signature				

= -,			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	0		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	.C		C C00530766
Check if 24-hour report	48-hour report New report	ort Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgreen			10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecli	ff Dr		Amount
City	State	Zip Code	95.00
West Monro	LA	71291	Transaction ID : 5ebfa212-e2e0-42b4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 30 2014
Name of Federal Candidate		Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office S	ought 2	Dis 23984.53	bursement For: Primary X General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgreen			10 30 2014
Mailing Address 212 Stone	cliff Dr		Amount
City	State	Zip Code	27.00
West Monro	LA	71291	Transaction ID : 2b351afe-df61-4682-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 30 2014
Name of Federal Candidate		Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office S	ought	223984.53 Dis 20	sbursement For: Primary
(a) SUBTOTAL of Itemized Inc	dependent Expenditures	·····	122.00
(b) SUBTOTAL of Unitemized	Independent Expenditures	·····	
(c) TOTAL Independent Exper	nditures	>	
	estion of, any candidate or authorized		made in cooperation, consultation, or concert her, or (if the reporting entity is not a political
Ms. Emily Buchana		cally Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		- Bato	

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Schedule E)				PAGE 92 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M / D D / Y N Y N Y
Full Name of Payee Sue G Walker				of Public Distribution/Dissemination
Mailing Address 3 Girard			Amou	10 30 2014
1 '	state AR	Zip Code 72901		50.00 action ID: 22a9c253-73d4-45ca-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, 2	20289.85	Disbursemen 2014 O	t For:
Full Name of Payee Sue G Walker				of Public Distribution/Dissemination
Mailing Address 3 Girard			Amou	
City	State	Zip Code		20.70
Fort Smith	AR	72901		ction ID : 71fc6a5b-f2cf-4e5a-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	TV	10 30 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		220289.85	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures				70.70
(b) SUBTOTAL of Unitemized Independent Expenditure	·s			
(c) TOTAL Independent Expenditures			· [7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ago	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	11 /	01 2014

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Edward N Walker	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3 Girard St	Amount
	City State Zip Code	50.00
	Ft Smith AR 72901	Transaction ID : 6475cf57-08c4-47e0-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calcificat to Bate	ursement For: Primary X General
	Per Election for Office Sought 220289.85 2014	Other (specify) ▶
	Full Name of Payee Edward N Walker	Date of Public Distribution/Dissemination
	Mailing Address 3 Girard St	10 30 2014 Amount
	City State Zip Code	14.10
	Ft Smith AR 72901	Transaction ID : a640e4fa-7837-49a0-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 30 / Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	64.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		11 01 2014
	Signature	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	/omen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Francesca Blom	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 101 Asbury Ct	Amount
	City State Zip Code	85.00
	Winchester VA 22602	Transaction ID : 6c0606df-4cf2-42cb-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District:00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary
	Full Name of Payee Cayenne C Corbin	Date of Public Distribution/Dissemination
	Mailing Address 1851 S Laura St	10 30 2014 Amount
	City State Zip Code	45.00
	Wichita KS 67211	Transaction ID: d94533ab-dae4-4511-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 30 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disb 200235.20	ursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	130.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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Schedule E)	OF INDEFERENCE	EXI ENDI	101120		-	AGE 95 OF 172 OR SE OF FORM 24/48	2
NAME OF COMMITTEE (In F						NTIFICATION NUMBER	—
Women Speak Out I	PAC					0530766	
Check if 24-hour report	48-hour report	New repo	ort Amends	report file	d on M M /	D D / Y Y Y	Υ
Full Name of Payee Cayenne C Corbi	n				M = M /	Distribution/Dissemination	
Mailing Address 1851 S L	aura St				10 Amount	30 2014	_
City		State	Zip Code			6.00	
Wichita		KS	67211			: 3665ba0a-732e-41df-8 ement or Obligation	
Purpose of Expenditure Mileage			Category/ Type	002	10 /	30 / 2014	Y
Name of Federal Candidate	te		Suppo	ort Offic	ce Sought:	House District: 00	
Mr. Greg Orman			X Oppos			Senate State: KS	
Calendar Year-To-Date Per Election for Office	•	2	200235.20	Disk 201	oursement For: Other (special)	Primary X Generalify) ►	al .
Full Name of Payee Billy Martin					M = M /	Distribution/Dissemination	
Mailing Address 250 JS	Brewton rd				Amount	30 2014	_
City		State	Zip Code			40.00	\neg
goldonna		LA	71031			d0d8930c-4a03-4574-a ement or Obligation	_
Purpose of Expenditure Salary			Category/ Type	001	10 /	30 / 2014	Υ
Name of Federal Candida	te		Suppo	ort Offi	ce Sought:	House District: 00	
Ms. Mary L Landrieu			X Oppo	se	President X	Senate State: LA	
Calendar Year-To-Dat Per Election for Office			223984.53	Disl 201	oursement For: 4 Other (spec	Primary X Gene ify) ▶	ral
(a) SUBTOTAL of Itemized	I Independent Expenditures.			······	7	46.00	
(b) SUBTOTAL of Uniterniz	zed Independent Expenditure	es		······ >		1 7 1 7 1	
(c) TOTAL Independent Ex	penditures			>	-	7 7	
Under penalty of perjury I with, or at the request or suparty committee) any politic		or authorized					
Ms. Emily Buch	anan	[Electron	ically Filed]	Date	11 01	2014	
Signature							

				FOR SE OF	FORM 24/48
	COMMITTEE (In Full)	FE	C IDE	ENTIFICATION	ON NUMBER ▼
vvome	en Speak Out PAC	C) c	000530766	
Check if	X 24-hour report 48-hour report New report Amends report filed on	M = N	/	D D /	Y = Y = Y
		e of F	ublic	Distribution	/Dissemination
	y Martin	M 10	M /	30	2014
Mailin	g Address 250 JS Brewton rd Am	ount			
City	State Zip Code				3.60
goldo	onna LA 71031 Tra			0:62f819d2 sement or (2-e4f3-44d5-8
Purpo Milea	se of Expenditure	10	VI /	30	2014
Name	of Federal Candidate Support Office Sou	ght:		House	District: 00
Ms. N	Mary Landrieu	ident	X	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbursem 223984.53 Disbursem 2014			Primary	General
Full N	lame of Payee Da				/Dissemination
	an B Piper	M 10	M /	30	2014
Mailir	g Address 3205 Pebble Beach Rd Am	ount			
City	State Zip Code				83.00
Conv				: d38ae06b	-139d-4c2e-b Obligation
Purpo Sala	ry Category/ Type 001	^M 10		30	2014
Name	of Federal Candidate Support Office Sou	ıght:		House	District: 00
Mr. N	lark L Pryor Oppose Pres	sident	×	Senate	
	Calendar Year-To-Date Per Election for Office Sought Disbursem 2014		L	Primary ecify) ►	/ X General
(a) SU	BTOTAL of Itemized Independent Expenditures		7		86.60
(b) SU	BTOTAL of Unitemized Independent Expenditures		7		
(c) TO	TAL Independent Expenditures	_	7		
with, o	penalty of perjury I certify that the independent expenditures reported herein were not made in at the request or suggestion of, any candidate or authorized committee or agent of either, or committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 11	/ D	01	/ 201	Y Y 14
Sig	nature			نتسا	

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OF

Schedule E)	TI EXI END	ITOTILO		PAGE 97 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Logan B Piper			M 10	30 / 2014
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		26.88
Conway	AR	72034		on ID: e8d1caf4-25f5-43b1-a visbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		220289.85	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee	_		Date of F	Public Distribution/Dissemination
Kathy Anderson			10	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3041 SW Burlingame Rd			Amount	2011
City	State	Zip Code		90.00
Topeka	KS	66611		on ID: 65204d71-3406-46c3-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	200235.20	Disbursement Fo	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			116.88
				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	4
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9				

· · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Kathy Anderson		10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3041 SW Burlingame Rd		Amount
City	State Zip Code	18.60
Topeka	KS 66611	Transaction ID: 2664cee6-5066-4544-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 30 7 2014
Name of Federal Candidate	Support Office	e Sought: House District:00
Mr. Greg Orman	∑ Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought	200235.20 Disbu	ursement For: Primary
Full Name of Payee Gary W Fuhrmann Mailing Address 9425 Jessica Drive		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Shreveport	State Zip Code LA 71106	35.00 Transaction ID : 02423383-a990-4d1c-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 10 30 2014
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	223984.53 Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.		53.60
(b) SUBTOTAL of Unitemized Independent Expenditure	98	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date	1 01 2014
Signature		

PAGE

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date c	of Pub	lic Distribution	Dissemination
	Gary W Fuhrmann		10 ^M	30	2014
ı	Mailing Address 9425 Jessica Drive	Amour	nt		
H	City State Zip Code	Г.			15.30
	Shreveport LA 71106			ID: db1d878	2-acca-47a0-8
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	30	2014
ı	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Me Mary Llandrigu	Preside		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 223984.53 Disbut 2014	rsement		Primary	K General
r	Full Name of Payee			olic Distribution	/Dissemination
	Lee R Carter	M	10 ^M	/ 30 /	2014
	Mailing Address 3110 Brentwood Rd	Amou	nt		
ŀ	City State Zip Code	Г.			65.00
				ID: 8e176d2e bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	30	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary specify) ▶	General
(8	a) SUBTOTAL of Itemized Independent Expenditures				80.30
(I	SUBTOTAL of Unitemized Independent Expenditures				
(0	TOTAL Independent Expenditures	Ľ.		7	
W	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 11	M /	01	D / Y Y 201	4
	Signature				

PAGE

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OF

Women Speak Out PAC FeC IDENTRICATION NUMBER ▼ C C C C C C C C C		include Ly	FOR SE OF FORM 24/48
Check if 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Lee R Carter Mailing Address 3110 Brentwood Rd City State Zip Code Raleigh NC 27604 NC 27604 NC 27604 Name of Federal Candidate Ms. Kay Hagan Calegory' Oppose Full Name of Payee Mattie Harris City State Zip Code Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mattie Harris City State Zip Code Mattie Harris Calegory' Oppose Calendar Year-To-Date Per Election for Office Sought Calegory' Oppose Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Purpose of Expenditure Mattie Harris Calendar Year-To-Date Purpose of Expenditure Salary Calendar Year-To-Date Per Election for Office Sought Calendar	۷۱	omen Speak Out PAC	C C00530766
Lee R Carter Mailing Address 3110 Brentwood Rd City State Zip Code Rateigh NC 27604 Purpose of Expenditure Mileage Name of Federal Candidate Mattie Harris Mailing Address 3854 Tara St City State Zip Code Type 002 Type 002 Name of Payee Mattie Harris Mailing Address 3854 Tara St City State Zip Code Type State Zip Code Type State State: NC Calegory/ Dot State State: NC Calegory/ State State State: NC Calegory/ Dot State State: NC Calegory/ Dot State State: NC Calegory/ State State: NC Calegory/ Dot Sta	Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 3110 Brentwood Rd City State Zip Code Releigh NC 27604 Name of Federal Candidate Support Mileage President Senate State: NC Disbursement or Obligation Mailing Address 3654 Tara St City State Zip Code President Senate State: NC Disbursement or Obligation Mailing Address 3654 Tara St City State Zip Code Support Mileage District: 00 Observation for Office Sought 1077927.97 Purpose of Expenditure State: NC Disbursement For: Primary General President Senate State: NC Disbursement For: Primary General District Observation for Office Sought 1077927.97 Purpose of Expenditure Salary Date of Public Distribution/Dissemination Name of Federal Candidate AR 72762 Purpose of Expenditure Salary Category Do1 Transaction ID: 1658-841a-4198-419-8 Date of Public Distribution/Dissemination Transaction ID: 1658-841a-4198-419-8 District: 00 Observation ID: 1658-841a-4198-8 Date of Public Distribution/Dissemination Transaction ID: 1658-841a-4198-8 Date NC District: 00 Observation ID: 1658-841a-4198-8 Date NC Distribution/Dissemination ID: 1658-841a-4198-8 Date Observation ID: 1658-841a-4198-8 Date NC Distribution/Dissemination ID: 1658-841a-4198-8 Date Observation ID: 1658-841a-4198-8 Date NC Distribution/Dissemination ID: 1658-841a-4198-8 Date Observation ID: 1658-841a-4198-841a-4198-841a-4198-841a-4198-841a-4198-841a-4198-841a-4198-84	٦		Date of Public Distribution/Dissemination
City State Zip Code Raleigh NC 27604 Transaction ID: d55e81a-4198-419a-8 Date of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Mailing Address 3654 Tara St City State Zip Code AR 72762 Purpose of Expenditure Mailing Address 3654 Tara St Category/ Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Transaction ID: 7764905-2615-41d1-a Date of Public Distribution/Dissemination Transaction ID: 7764905-2615-41d1-a Date of Disbursement or Obligation Transaction ID: 7764905-2615-41d1-a	١	Lee R Carter	
Raleigh NC 27604 Purposa of Expenditure Mileage Category/ Type		Mailing Address 3110 Brentwood Rd	Amount
Raleigh NC 27604 Purposa of Expenditure Mileage Category/ Type		City State Zin Code	10.20
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Support Oppose President Senate State: NC Disbursement For: Primary General Full Name of Payee Mailing Address 3654 Tara St City Springdale AR 72762 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Amount Transaction ID: 17de490b-2ef3-41d1-a Date of Disbursement or Obligation Transaction ID: 17de490b-2ef3-41d1-a Date of Disbursement For: Date of Disbursement For: Transaction ID: 17de490b-2ef3-41d1-a Date of Disbursement For: Date of Disbursement For: Transaction ID: 17de490b-2ef3-41d1-a Date of Disbursement For: Transaction ID: 17de490b-2ef3-41d1-a Date of Disbursement For: Date of Disbursement For: Transaction ID: 17de490b-2ef3-41d1-a Date of Disbursement For: Date of Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Colored Forestive Independent Expenditures Disbursement For: Primary General Colored Forestive Ind			Transaction ID : d65e841a-4f98-419a-8
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Mattie Harris Mailing Address 3654 Tara St City Springdale Purpose of Expenditure Salary Name of Pederal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Pederal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Pederal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Cale		Mileage Category/ 002	M M / D D / Y Y Y
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought President Year-To-Date Per Election for Office Sought President Year-To-Date Per Election for Office Sought President Year-To-Date Per Election for Office Sought Interpretation for Office Sought City State Zip Code Springdale AR 72762 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Category/ 1/19 001 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election		Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought 1077927.97	١	Ma Wastlanes	
Full Name of Payee Mattie Harris City State Zip Code springdale AR 72762 Purpose of Expenditure Salary Category/ Type Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. (Electronically Filed) Date Other (specify) Date of Public Distribution/Dissemination Transaction ID: f7de490b-2ef3-41df-a Date of Disbursement or Obligation Transaction ID: f7de490b-2ef3-41df-a Date of Disbursement or Obligation Other (specify) Office Sought: House District: 00 President Senate State: AR Date of Disbursement or Obligation Transaction ID: f7de490b-2ef3-41df-a Date of Disbursement or Obligation Other (specify) Other (specify) Transaction ID: f7de490b-2ef3-41df-a Date of Disbursement or Obligation Other (specify) Other (specify) Transaction ID: f7de490b-2ef3-41df-a Date of Disbursement or Obligation Other (specify) Other (specify) Transaction ID: f7de490b-2ef3-41df-a Date of Disbursement or Obligation Other (specify) Other (specify) Transaction ID: f7de490b-2ef3-41df-a Date of Disbursement or Obligation Other (specify) Transaction ID: f7de490b-2ef3-41df-a Date of Disbursement or Obligation Other (specify) Other (specify) Transaction ID: f7de490b-2ef3-41df-a Date of Disbursement or Obligation Other (specify) Transaction ID: f7de490b-2ef3-41df-a Date of Disbursement or Obligation Other (specify) Other (specify)		4077007 07	ursement For: Primary X General
Mattie Harris Mailing Address 3654 Tara St City State Zip Code springdale AR 72762 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Amount Amount Category 60.00 Transaction ID: 17de4909-2e13-41d1-a Date of Disbursement or Obligation To 30 Colon Transaction ID: 17de4909-2e13-41d1-a Date of Disbursement or Obligation To 2014 Other (specify) To 30 Colon Transaction ID: 17de4909-2e13-41d1-a Date of Disbursement or Obligation To 2014 Other (specify) To 30 Colon Transaction ID: 17de4909-2e13-41d1-a Date of Disbursement or Obligation Transaction ID: 17de4909-2e13-41d1-a Date of	١	Per Election for Office Sought	Other (specify)
Mailing Address 3654 Tara St City State Zip Code springdale AR 72762 Purpose of Expenditure Salary Name of Federal Candidate State Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 220289.85 Calendar Year-To-Date Per Election for Office Sought 220289.85 (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan Electronically Filed Date 11			M = M / D = D / Y = Y = Y
springdale AR 72762 Transaction ID : f7de490b-2ef3-41d1-a Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type O01 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date President Senate State: AR Other (specify) Cother (specify) Cot		Mailing Address 3654 Tara St	لىنى لنا لىنا
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	1	City State Zip Code	60.00
Purpose of Expenditure Salary Category/ Type O01	١	springdale AR 72762	Transaction ID : f7de490b-2ef3-41d1-a Date of Disbursement or Obligation
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 220289.85 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures		Salany Category/ 001	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	1	Name of Federal Candidate Support Office	e Sought: House District:00
(a) SUBTOTAL of Itemized Independent Expenditures	١	Mr. Mark L Pryor Oppose	President State: AR
(c) TOTAL Independent Expenditures		2014	· —
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M. M. M. D. D. J. Y.		(a) SUBTOTAL of Itemized Independent Expenditures	70.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMMM O O O O O O O O O O O		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Mand		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 01 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Butto		[F1 +	

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OF

Schedule E)	VI EXI END	ITORES		PAGE 101 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Mattie Harris			10	30 / 2014
Mailing Address 3654 Tara St			Amount	
City	State	Zip Code		36.00
springdale	AR	72762		ID: 959f82b3-d2fe-47dd-a pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	:	220289.85	Disbursement For: 2014 Other (s	Primary X General
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Devon R McMillion			M - M 10	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2501 Boone Trail			Amount	
City	State	Zip Code		10.00
N Wilksboro	NC	28659		ID: 24b4500a-1fca-4e5b-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1077927.97	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			46.00
			-	4 4
(b) SUBTOTAL of Unitemized Independent Expendent	litures		>	7
(c) TOTAL Independent Expenditures)	79.
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 01	2014
				

Schedule E)	LIVI EXI END	TIONES		GE 102 OF 172 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	0530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on)
Full Name of Payee Chad Stieben			Date of Public Di	stribution/Dissemination
			10	30 / 2014
Mailing Address 16864 Stillwell Rd			Amount	
City	State	Zip Code		30.00
Bonner Springs	KS	66012		ccb3963c-1f7a-4993-9 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001		30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President X S	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		200235.20	Disbursement For: 2014 Other (specif	Primary
Full Name of Payee			Date of Public Di	stribution/Dissemination
Chad Stieben			10	30 / 2014
Mailing Address 16864 Stillwell Rd			Amount	
City	State	Zip Code		9.60
Bonner Springs	KS	66012		6e15f88-2119-4fdb-a ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	.,,	200235.20	Disbursement For: 2014 Other (specif	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures			39.60
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>	
(c) TOTAL Independent Expenditures			>	4 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M = M / D = D /	2014
-				

	Tieddie E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATI	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D D /	YYYY
Т	Full Name of Payee	Date of	of Pub	lic Distribution	/Dissemination
	Jeanne Tribou	M	10 ^M	30	2014
	Mailing Address 22369 Ponderosa Dr.	Amou	nt		
ŀ	City State Zip Code				60.00
	Mandeville LA 70471			ID: 8faf6571 oursement or 0	
	Purpose of Expenditure Salary Category/ Type 001		10	30	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside	ent	Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 223984.53 Disbut 2014	ırsemen		Primary	General
ŀ		0	ther (s	specify) 🕨	
	Full Name of Payee Jeanne Tribou		I = М	/ D D /	/Dissemination
	Mailing Address 22369 Ponderosa Dr.	L	10	30	2014
	22000 T Shidologa 25.	Amou	nt		
ľ	City State Zip Code				10.80
	Mandeville LA 70471			ÍD: e2db4e4f- bursement or (
	Purpose of Expenditure Mileage Category/ Type 002	IV	10 ^M	30	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 223984.53			Primary	/ X General
	(a) SUBTOTAL of Itemized Independent Expenditures	<u> </u>		7	70.80
((b) SUBTOTAL of Unitemized Independent Expenditures				
(Co) TOTAL Independent Expenditures				1 -0 1
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	01	201	4 Y
	Signature				
$\overline{}$					

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OF

Per Election for Office Sought Pull Name of Payee Kristina M Jinkens Mailing Address 2138 N 1000 Rd City State Zip Code Eudora KS 66025 Purpose of Expenditure Mileage Category/ Mileage Category/ Name of Federal Candidate Mr. Greg Orman Date of Public Distribution/Dissemination Amount Transaction ID : 36edc3d2-f157-42cb-9 Date of Disbursement or Obligation Mileage District: 00 Mr. Greg Orman Date of Public Distribution/Dissemination Amount Amount City State Zip Code Category/ Type 002 Transaction ID : 36edc3d2-f157-42cb-9 Date of Disbursement or Obligation Mileage District: 00 Mr. Greg Orman		neddie E)			FOR SE OF	FORM 24/48
Check if X 24-hour report				FEC	IDENTIFICATION	ON NUMBER ▼
Full Name of Payee Kristina M Jinkens Mailing Address 2138 N 1000 Rd City State Zip Code Eudora KS 68025 Purpose of Expenditure Salary Category/ Type 001 Full Name of Payee Kristina M Jinkens Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mr. Greg Orman City State Zip Code City State Zip Code Mr. Greg Orman City State Zip Code Category/ Dot President Senate State: KS Calendar Year-To-Date Per Election for Office Sought City State Zip Code Eudora KS 68025 Date of Public Distribution/Dissemination To 30 / 2014 Amount City State Zip Code Eudora KS 68025 Date of Dublic Distribution/Dissemination To 30 / 2014 Amount City State Zip Code Eudora KS 68025 Date of Dublic Distribution/Dissemination To 30 / 2014 Amount City State Zip Code Eudora KS 68025 Date of Dublic Distribution/Dissemination To 30 / 2014 Amount City State Zip Code Eudora KS 68025 Date of Dublic Distribution/Dissemination To 30 / 2014 Amount City State Zip Code Eudora KS 68025 Date of Dublic Distribution/Dissemination To 30 / 2014 Amount City State Zip Code Eudora KS 68025 Date of Dublic Distribution/Dissemination To 30 / 2014 Amount City State Zip Code Eudora KS 68025 Date of Disbursement For State: KS Date of Dublic Distribution/Dissemination To 30 / 2014 City State Zip Code Eudora KS 68025 Date of Disbursement For State: KS Date of Disbursement For State: KS Disbursement For State: KS Calendar Year-To-Date President Senate State: KS Calen	۷۷	romen Speak Out PAC		С	C00530766	
Mailing Address 2138 N 1000 Rd City State Zip Code Eudora KS 66025 Purpose of Expenditure Salary Name of Federal Candidate Mailing Address 2138 N 1000 Rd Calegory On 10 30 2014 Name of Federal Candidate Calegory On 10 10 30 2014 Name of Payee Kristina M Jinkens Mailing Address 2138 N 1000 Rd City State Zip Code President Senate State: KS 2014 Other (specify) ▶ Full Name of Payee Kristina M Jinkens Mailing Address 2138 N 1000 Rd Calegory On 10 10 20 20 20 20 20 20 20 20 20 20 20 20 20	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D D /	Y II Y II Y
Mailing Address 2138 N 1000 Rd City State Zip Code Eudora KS 66025 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Category/ Tiype 001 Name of Poyse Category Disbursement For: Primary Genera Category Disbursement For: Primary Genera Category President Senate State: KS Category President Senate State: KS Category Disbursement For: Primary Genera Category Doz Date of Public Distribution/Dissemination Transaction ID: 36edc3d2-1f57-42cb-9 Date of Public Distribution/Dissemination Category Doz Date of Public Distribution/Dissemination Category Doz Date of Public Distribution/Dissemination Category Doz Date of Public Distribution/Dissemination Transaction ID: 36edc3d2-1f57-42cb-9 Date of Public Distribution/Dissemination Category Doz Date of Public Distribution/Dissemination Category Doz Date of Public Distribution/Dissemination Category Doz Date of Public Distribution/Dissemination Transaction ID: 36edc3d2-1f57-42cb-9 Date of Public Distribution/Dissemination Category Doz Date of Public Distribution/Dissemination Transaction ID: 30 / 2014 Amount Category Date of Public Distribution/Dissemination Transaction ID: 30 / 2014 Amount Category Date of Public Distribution/Dissemination Transaction ID: 30 / 2014 Amount Category Date of Public Distribution/Dissemination Transaction ID: 30 / 2014 Amount Category Date of Public Distribution/Dissemination Transaction ID: 30 / 2014 Amount Category Date of Public Distribution/Dissemination Transaction ID: 30 / 2014 Amount Category Date of Public Distribution/Dissemination Transaction ID: 30 / 2014 Amount Category Date of Public Dist	٦		Date o	of Pub	olic Distribution	/Dissemination
City State Zip Code Eudora KS 66025 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Pre Election for Office Sought City State City State City State City State Category/ Milling Address 2138 N 1000 Rd City State Category/ Milling Address 2138 N 1000 Rd City State Category/ Milling Address 2138 N 1000 Rd City State Calendar Year-To-Date Purpose of Expenditure Milling Address 2138 N 1000 Rd City State Category/ Milling Address 2138 N 1000 Rd City State Category/ Name of Federal Candidate Milling Address 2138 N 1000 Rd City State Category/ Name of Federal Candidate Mr. Greg Orman Category/ Name of Federal Candidate Mr. Greg Orman Category/ Once Transaction ID : 36ed:324:157-42cb-9 Transaction ID : 36ed:324:157-42cb-						
Eudora KS 66025 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calegory/ Type Category/ Type Oo1 Mr. Greg Orman Calegory/ President Senate State: KS Calendar Year-To-Date Purpose of Expenditure Mailing Address 2138 N 1000 Rd Name of Federal Candidate KS 66025 Fresident Senate State: KS Disbursement For: Primary Genera Z014 Cher (specify) ▶ Full Name of Payee Kristina M Jinkens Mailing Address 2138 N 1000 Rd Name of Federal Candidate Name of Federal		Mailing Address 2138 N 1000 Rd	Amour	nt		
Eudora KS 66025 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary Calendar Year-To-Date Eudora RS 66025 President Senate State: KS Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Mailting Address 2138 N 1000 Rd RS 66025 Purpose of Expenditure Mileage RS 66025 Transaction ID: 92284bf9-0cb4-42a5-8 Date of Disbursement or Obligation Persident Senate State: KS Disbursement For: Primary Genera 2014 Other (specify) ▶ Transaction ID: 3604-3224 Amount Amount Transaction ID: 92284bf9-0cb4-42a5-8 Date of Disbursement or Obligation Persident Senate State: KS Disbursement For: Primary Genera 2014 Transaction ID: 3604-3224 Amount Transaction ID: 3604-3224 Transaction ID: 3604-	-	City State Zip Code				53.30
Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Purpose of Expenditure Milleage Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Purpose of Expenditure Milleage Category Name of Federal Candidate KS 66025 Transaction ID: 36edc3d2-1157-42cb-9 Date of Public Distribution/Dissemination Type Oo2 Type OO2 Transaction ID: 36edc3d2-1157-42cb-9 Date of Disbursement or Obligation Transaction ID: 36edc3d2-1157-42cb-9 Date of Disbursement or Ob						
Mr. Greg Orman Calendar Year-To-Date President Senate State KS		Salary Odlegory/ Odl	M	- M	/ D D /	YYYY
Mr. Greg Orman Calendar Year-To-Date President Senate State: KS	İ	Name of Federal Candidate Support Office	∍ Sought	t:	House	District:00
Per Election for Office Sought Full Name of Payee Kristina M Jinkens Mailing Address 2138 N 1000 Rd City State Zip Code Eudora KS 66025 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Greg Orman Catendar Year-To-Date Per Election for Office Sought Catendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) Date of Public Distribution/Dissemination and Date of Public		Ma Cran Orman			X Senate	State: KS
Full Name of Payee Kristina M Jinkens Mailing Address 2138 N 1000 Rd City State Zip Code Eudora KS 66025 Purpose of Expenditure Mileage Category/ 002 Transaction ID : 38edc3d2-4157-42cb-9 Date of Public Distribution/Dissemination Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42cb-9 Date of Disbursement or Obligation Transaction ID : 38edc3d2-4157-42c		Calcificati To Date				General
Mailing Address 2138 N 1000 Rd City State Zip Code Eudora KS 66025 Purpose of Expenditure Mileage Category/ 002 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 36edc3d2-4157-42cb-9 Date of Disbursement or Diligation Transaction ID: 36edc3d2-4157-42cb-9 Date of Disbursemen	-					/Dissemination
City State Zip Code Eudora KS 66025 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Amount Transaction ID: 36edc3d2-1157-42cb-9 Date of Disbursement or Obligation Fresident X Senate State: KS Disbursement For: Primary X General Calendary Fresident X Senate State: KS Disbursement For: Primary X General Calendary Control of Disbursement or Obligation Mr. Greg Orman Category/ Toppe 002 President X Senate State: KS Disbursement For: Primary X General Calendary Category/ Toppe 002 President X Senate State: KS Disbursement For: Primary X General Calendary Category/ Toppe 002 President X Senate State: KS Disbursement For: Primary X General Calendary Category/ Toppe 002 President X Senate State: KS Disbursement For: Primary X General Calendary Category/ Toppe 002 President X Senate State: KS Disbursement For: Primary Category/ Toppe 002 President X Senate State: KS Disbursement For: Primary Category/ Toppe 002 President X Senate State: KS Disbursement For: Primary Category/ President X Senate State: KS Disbursement For: Primary Category/ Toppe 002 President X Senate State: KS Disbursement For: Primary Category/ Toppe 002 President X Senate State: KS Disbursement For: Primary Category/ Toppe 002 President X Senate State: KS Disbursement For: Primary Category/ Toppe 002 Presiden		MISHING IVI SHINGIIS	М			2014
Eudora KS 66025 Transaction ID: 36edc3d2-1157-42cb-9 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Category/ Type Office Sought: House District: O0 Primary General Cother (specify) Cother (Mailing Address 2138 N 1000 Rd	Amour	nt		
Purpose of Expenditure Mileage Category/ Doze	-	City State Zip Code				3.60
Purpose of Expenditure Mileage Name of Federal Candidate			Transa Date o	ction of Dis	ID: 36edc3d2 bursement or 0	-f157-42cb-9 Obligation
Mr. Greg Orman Calendar Year-To-Date President Senate State: KS		Mileage Category/ 002	M	1 - M	/ D D /	Y Y Y Y
Mr. Greg Orman Calendar Year-To-Date President Senate State: KS	-	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
Per Election for Office Sought 200235.20 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures			_			140
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	1 1			General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M. M. M. M. D. D. J. Y.	(a) SUBTOTAL of Itemized Independent Expenditures			7	56.90
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M. M. M. M. D. D. J. Y.	((b) SUBTOTAL of Unitemized Independent Expenditures				
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M	((c) TOTAL Independent Expenditures				
[Electronically Filed] Date 11 01 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of either				
Dutc		[F1 - +	M /			
		Date				

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OF

Schedule E)	I EXI END	HONLO		PAGE 105 OF 172 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	_
Women Speak Out PAC				C C00530766	
Check if 24-hour report 48-hour report	New rep	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y = Y	
Full Name of Payee Joshua E Sherman				of Public Distribution/Dissemination	Y
Mailing Address 119 Goldenwood Dr			Amou	10 30 2014 unt	_
City	State	Zip Code		60.00	٦
Slidell	LA	70461		saction ID : 9ea28133-1d7f-4878-8 of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001		10 / 30 / 2014	
Name of Federal Candidate		Support	Office Sough	ht: House District: 00	
Ms. Mary L Landrieu		X Oppose	Presid		_
Calendar Year-To-Date Per Election for Office Sought		223984.53	Disbursemer 2014	nt For:	al —
Full Name of Payee			Date	of Public Distribution/Dissemination	
Joshua E Sherman				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Mailing Address 119 Goldenwood Dr			Amou	حندالتالد	_
City	State	Zip Code		5.40	٦
Slidell	LA	70461		action ID : ef888d16-4d7f-4b26-9 of Disbursement or Obligation	_
Purpose of Expenditure Mileage		Category/ Type 002] [M 10 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00	
Ms. Mary L Landrieu		X Oppose	Presid		_
Calendar Year-To-Date Per Election for Office Sought	7 1 7	223984.53	Disburseme 2014	ont For:	al
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	65.40	7
(b) SUBTOTAL of Unitemized Independent Expenditu	ures				7
				4 4	_
(c) TOTAL Independent Expenditures			··· •	7 7 7]
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized				
Ms. Emily Buchanan	[Electron	nically Filed] Dat	e 11	01 2014	
Signature					

Schedule E)	PAGE 106 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Randy M Gold	
Mailing Address 1436 Haigs Creek Dr Amount	0 30 2014
City State Zip Code	65.00
Elgin SC 29045 Transac	ction ID : 38818734-27df-40bb-a Disbursement or Obligation
Purpose of Expenditure Category/	
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor	
Calendar Year-To-Date Per Election for Office Sought Disbursement I 2014 Oth	For:
Randy M Gold	Public Distribution/Dissemination
Mailing Address 1436 Haigs Creek Dr Amount	10 30 2014 t
City State Zip Code	26.28
Elgin SC 29045 Transact Date of	tion ID: e4645ada-e9df-4b0f-8 Disbursement or Obligation
	0 / 30 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Oppose Presiden	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures	91.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in code with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	01 / 2014

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Kaleigh J Wagner	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 18065 Wayne Rd	Amount
	City State Zip Code	65.00
	Odessa FL 33556	Transaction ID: bd839a5d-1ff1-4209-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 30 / 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Mark L Pryor	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 220289.85 Disbu 2014	rsement For: Primary
	Full Name of Payee Jessica R Resendiz	Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St	10 30 2014 Amount
1	City State Zip Code	60.00
	Keithville LA 71047	Transaction ID: 166609ac-d241-482e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 30 / 2014
1	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	125.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 01 2014
	Signature	

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OF

Schedule E)	LNDENT EXICION	TOTILO	PAGE 108 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo	rt filed on
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St			Amount
City	State	Zip Code	29.10
Keithville	LA	71047	Transaction ID : 9da7f70a-ce58-46ba-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	23984.53	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Colton R Overcash			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Ohara Dr			Amount
City	State	Zip Code	80.00
Salisbury	NC	28147	Transaction ID : 6ac5feb2-2052-419f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1077927.97	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent E	xpenditures		109.10
(b) SUBTOTAL of Unitemized Independen	t Expenditures		
			4
(c) TOTAL Independent Expenditures			>
	ny candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	11 01 2014
Oignataro			

,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 4	8-hour report New report	ort Amends report	filed on	/ D = D / Y = Y = Y
Full Name of Payee Colton R Overcash			Date of Pub	lic Distribution/Dissemination
			10	30 2014
Mailing Address 121 Ohara Dr			Amount	
City	State	Zip Code		126.60
Salisbury	NC	28147	Transaction Date of Disk	n ID: 7124450e-f4d0-4ea0-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	ht 10		Disbursement For: 2014 Other (s	Primary
Full Name of Payee Benjamin L Heitman Mailing Address 2520 Helmste	tler Rd		Date of Pub	olic Distribution/Dissemination
City	State	Zip Code		71.40
Lexington	NC	27295		ID: a6d1e2f7-c665-4761-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	ht	1077927.97	Disbursement For: 2014 Other (s	Primary ⊠ General
(a) SUBTOTAL of Itemized Indep	endent Expenditures		•	198.00
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		>	
(c) TOTAL Independent Expenditu	ıres		•	45
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political part	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	11 01	2014
Signature				

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OF

	_,		FOR SE OF FORM 24/48
	COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
women	Speak Out PAC		C C00530766
Check if 2	24-hour report 48-hour report New re	port Amends report filed	i on M M / D D / Y Y Y Y Y
	ne of Payee		Date of Public Distribution/Dissemination
	amin L Heitman		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 2520 Helmstetler Rd		Amount
City	State	Zip Code	9.00
Lexing		27295	Transaction ID : a15c20ce-785d-4d28-a Date of Disbursement or Obligation
Purpose Mileage	of Expenditure	Category/ Type 002	10 30 / 2014
Name o	f Federal Candidate	Support Office	e Sought: House District:00
Ms. Ka	r Hagan	X Oppose	President State: NC
	endar Year-To-Date Election for Office Sought	Disb 1077927.97 2014	ursement For: Primary
Full Na	me of Payee		Date of Public Distribution/Dissemination
Mich	ael Vidrine		10 30 2014
Mailing	Address 1103 West Wilson Street		Amount
City	State	Zip Code	90.00
Ville Pl		70586	Transaction ID : 901b6036-0537-4aac-9 Date of Disbursement or Obligation
Purpose Salary	e of Expenditure	Category/ Type 001	10 30 2014
Name o	f Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Ma	ry L Landrieu	Oppose	President State: LA
	lendar Year-To-Date r Election for Office Sought	223984.53 Disb 2014	ursement For:
(a) SUB	FOTAL of Itemized Independent Expenditures	·····	99.00
(b) SUB	FOTAL of Unitemized Independent Expenditures	•	
(c) TOTA	L Independent Expenditures	·	
with, or a	nalty of perjury I certify that the independent expenditure t the request or suggestion of, any candidate or authorized mittee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electro	onically Filed] Date	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signa	ure		

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OF

						FOR SE OF	FORM 24/48
NAME OF COMMI					FEC II	DENTIFICATIO	N NUMBER ▼
Women Spe	ak Out PAC				C	C00530766	
Check if 24-ho	ur report 48-hour repo	ort New repo	ort Amends r	report filed o	n Man	/ D = D /	Y I Y I Y I Y
Full Name of F					Date of Publi	ic Distribution/[Dissemination
Michael V					10	30	2014
Mailing Address	1103 West Wilson Street				Amount		
City		State	Zip Code				29.40
Ville Platte		LA	70586		Transaction Date of Disb	ID: 9df6db02- ursement or O	99bb-442d-b bligation
Purpose of Exp Mileage	enditure		Category/ Type	002	10	30	2014 Y
Name of Feder	al Candidate		Suppor	t Office S	Sought:	House [District: 00
Ms. Mary L Lar	drieu		X Oppose	e F	President	X Senate	State: LA
	rear-To-Date on for Office Sought	2	23984.53	Disburs 2014	sement For: Other (sp	Primary pecify) ▶	X General
Full Name of F Greg Meer						ic Distribution/I	Dissemination 2014
Mailing Addres	5 5724 SW Arrowhead Ct				Amount		
City		State	Zip Code				35.00
Topeka		KS	66614			D: 8910fecd-foursement or O	
Purpose of Exp Salary	penditure		Category/ Type 0	01	10	30	2014
Name of Feder	al Candidate		Suppor	t Office	Sought:	House [District: 00
Mr. Greg Orma	n		X Oppose	e F	President	Senate	State: KS
	/ear-To-Date on for Office Sought		200235.20	Disburs 2014	sement For: Other (s	Primary pecify) ▶	General
(a) SUBTOTAL	of Itemized Independent Exp	enditures		····· [64.40
(b) SUBTOTAL	of Unitemized Independent E	Expenditures		····· •		7	- 454
(c) TOTAL Inde	pendent Expenditures			······			
with, or at the re	perjury I certify that the inc quest or suggestion of, any any political party committee	candidate or authorized					
	Emily Buchanan	[Electron	ically Filed]	Date 11	M / D D D	/ Y Y Y 2014	
Signature							

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed of	on Mam / Dad / Yayayay
Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination
<u> </u>		10 30 2014
Mailing Address 111 Westchester Blvd Apt D4		Amount
City State	e Zip Code	50.00
Slidell LA	70458	Transaction ID : 6fbaf25f-b9be-43ea-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 30 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu	Oppose p	President State: LA
Calendar Year-To-Date Per Election for Office Sought	223984.53 Disburs 2014	sement For: Primary General Other (specify) ▶
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd		10 30 2014 Amount
City Stat	e Zip Code	80.00
Greensboro	27407	Transaction ID : 6ac3fa19-d928-4e97-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 30 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	∑ Oppose □	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1077927.97 Disbur 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 11	M / 01 / 2014
Signature		

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	MEPONT OF INDEPEND	LIVI EXPEND	ITONES		PAGE 113 OF 172 FOR SE OF FORM 24/48
NAME OF COMM	,				FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if X 24-I	nour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Phillip W				M	f Public Distribution/Dissemination
Mailing Addre	SS 3007 Darden Rd			Amoun	10 30 2014
City		State	Zip Code	- C.	18.90
Greensboro		NC	27407		action ID: 730f74c6-d148-4c32-a f Disbursement or Obligation
Purpose of E Mileage	xpenditure		Category/ Type 002		10 30 / Y Y Y Y Y Y
Name of Fed	eral Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hag	an		X Oppose	Preside	nt Senate State: NC
	Year-To-Date tion for Office Sought	10	077927.97	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Beverly V					of Public Distribution/Dissemination
Mailing Addre					10 30 2014
	3007 Daldell Ru			Amour	nt
City		State	Zip Code		80.00
Greensboro	on an diktory	NC	27407		ction ID: 4222cbb1-d0d5-470e-b of Disbursement or Obligation
Purpose of E Salary			Category/ Type 001		10 30 7 2014
	eral Candidate		Support	Office Sought	
Ms. Kay Hag	an ————————————————————————————————————		X Oppose	Preside	
	r Year-To-Date tion for Office Sought		1077927.97	Disbursement 2014 Ot	For: Primary
(a) SUBTOTA	_ of Itemized Independent Expen	ditures			98.90
(4) 0021011	_				7 7 7
(b) SUBTOTA	of Unitemized Independent Exp	enditures		•	
(c) TOTAL Inc	ependent Expenditures			•	
with, or at the		ndidate or authorized			poperation, consultation, or concert the reporting entity is not a political
Signature	ls. Emily Buchanan	[Electron	nically Filed] Date	11	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New re	eport Amends report filed on Man / Dan / Yangan
Full Name of Payee	Date of Public Distribution/Dissemination
Dylan J Sparks	10
Mailing Address 915 East Market Ave	Amount
City State	Zip Code 100.00
Searcy AR	72149 Transaction ID : 037e5d10-50c6-4793-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 30 / 2014
Name of Federal Candidate	Support Office Sought: House District:00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	
Dylan J Sparks	Date of Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave	Amount
City State	Zip Code 60.30
Searcy AR	72149 Transaction ID : 9f3764c4-ce91-4e2d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 30 / 2014
Name of Federal Candidate	Support Office Sought: House District:00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	160.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
	es reported herein were not made in cooperation, consultation, or concert ed committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Electro	onically Filed] Date 11 01 2014
Signature	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee Joshua E Sherman	Date of Public Distribution/Dissemination
1		10 30 2014
	Mailing Address 119 Goldenwood Dr	Amount
	City State Zip Code	140.00
	Slidell LA 70461	Transaction ID: 1da53acc-09d8-41a7-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For:
	Full Name of Payee Joshua E Sherman	Date of Public Distribution/Dissemination
	Mailing Address 119 Goldenwood Dr	10 30 2014 Amount
	City State Zip Code	2.40
	,	Transaction ID : 6e6f459a-232d-49ef-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 30 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	142.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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	nedule L)		FOR SE C	F FORM 24/48
	ME OF COMMITTEE (In Full)	FE	C IDENTIFICAT	ON NUMBER ▼
۷۷	omen Speak Out PAC	C	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on Mari	W / D = D	Y
T	Full Name of Payee	Date of F	Public Distributio	n/Dissemination
	Joshua D Syrotchen	M 10		2014
	Mailing Address 915 East Market Ave	Amount		
ŀ	City State Zip Code	Г.		80.00
	Searcy AR 72149		ion ID : 1931e00 Disbursement or	
	Purpose of Expenditure Salary Category/ Type 001	^M 10	M / D D	2014
ľ	Name of Federal Candidate Support Office	Sought:	House	District: 00
	Mr. Mark L Pryor Oppose	President	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 220289.85	irsement F		ry X General
ŀ	Full Name of Payer		r (specify) -	<u></u>
	Full Name of Payee Joshua D Syrotchen	M		/ Y = Y = Y
	Mailing Address 915 East Market Ave	10 Amount	30	2014
ŀ	City State Zip Code			61.80
	Searcy AR 72149	Transacti Date of I	on ID : 17154ce Disbursement or	d-69b7-48e9-8 Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M 10	M / D D	2014
ľ	Name of Federal Candidate Support Office	e Sought:	House	District: 00
	Mr. Mark L Pryor Oppose	President	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 220289.85		or: Prima er (specify) ▶	ry X General
(a) SUBTOTAL of Itemized Independent Expenditures		7 7	141.80
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 1 7	1 1 1
(c) TOTAL Independent Expenditures		7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may ith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe earty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date)14
	Signature			

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXI END	ITOTILO		PAGE 117 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Todd Ellis			Date of Pu	blic Distribution/Dissemination
Mailing Address P.O. Box 712			10	30 2014
			Amount	
City	State	Zip Code		120.00
Alexander	AR	72002		on ID: 0d62e69e-5877-4eb6-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		220289.85	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Todd Ellis			10	30 / Y Y Y Y Y Y
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code		51.90
Alexander	AR	72002		n ID : af256c34-f0c6-4dcb-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	/ 30 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	220289.85	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditu	res			171.90
				7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		• •	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 0	
3.9				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Laura U Logie	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2565 Shire Circle	Amount
ŀ	City State Zip Code	80.00
	Harrisonburg VA 22801	Transaction ID : d1bee74e-d92d-4d15-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 30 / 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 200235.20 Disbu 2014	rsement For: Primary General Other (specify) ▶
	Full Name of Payee Brandy Starns Mailing Address 300 Evangeline St	Date of Public Distribution/Dissemination
1		Amount
ľ	City State Zip Code	40.00
		Transaction ID: 37330301-446d-498e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 7 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	oignaturo	

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Schedule E)		PAGE 119 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	d on Mam / Dad / Yayayay
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination
Mailing Address 300 Evangeline St		10 30 / Y Y Y Y Y
Standy Standard Standy Standy Standy Standard St		Amount
City State	Zip Code	3.30
Monroe LA	71201	Transaction ID : a174a000-fc1f-4dcb-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 30 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	223984.53 Disk 2014	oursement For: Primary X General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jacob T Craig		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville Dr		Amount
City State Lenoir NC	Zip Code 28645	60.00 Transaction ID : 34c3d12a-6286-4b7d-b
Purpose of Expenditure	Catagory	Date of Disbursement or Obligation
Salary	Category/ Type 001	10 30 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1077927.97 Disl 201	bursement For: Primary
-	'	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	63.30
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Sc	hedule E)	L	1101120		-	PAGE 120 OF 172 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				_	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					00530766
Che	eck if 24-hour report 48-hour report	New repo	port Amends repo	ort filed on	M = M /	D = D / Y = Y = Y
T	Full Name of Payee Andrea M Gatts			Date	M M /	Distribution/Dissemination
-	Mailing Address 6894 106th			Amo	10 ount	30 2014
ŀ	City State		Zip Code			30.00
	Ozawkie KS		66070			0 : 0357fbeb-5fbf-4b0b-9 sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M 10 /	30 / 2014
ı	Name of Federal Candidate		Support	Office Sou	aht:	House District: 00
	Mr. Greg Orman		X Oppose	Presi		Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	2	200235.20	Disburseme 2014	ent For: [Other (spe	Primary
	Full Name of Payee Andrea M Gatts			Date	M = M /	Distribution/Dissemination
-	Mailing Address 6894 106th			Amo	10 ount	30 2014
-	City State		Zip Code			9.60
	Ozawkie KS		66070			: e73ca563-2c58-48a3-a sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 /	30 / 2014
	Name of Federal Candidate		Support	Office Sou	ght:	House District:00
-	Mr. Greg Orman		Oppose		ident X	
	Calendar Year-To-Date Per Election for Office Sought		200235.20	Disbursem 2014	ent For: Other (spe	Primary X General
((a) SUBTOTAL of Itemized Independent Expenditures					39.60
((b) SUBTOTAL of Unitemized Independent Expenditures			· [
((c) TOTAL Independent Expenditures			• [7	
W	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.					
		[Electron	nically Filed] Date	11	/ D D D 01	2014
	Signature					

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In			FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	t PAC		C C00530766
Check if 24-hour repor	t 48-hour report New r	eport Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Trevor D Hagen			10 30 2014
Mailing Address 5521 F	Randolph St		Amount
City	State	Zip Code	15.00
Marrero	LA	70072	Transaction ID : f459d3bd-5d1f-4a4e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 30 / 2014
Name of Federal Candi	date	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-D Per Election for Of		223984.53 Disk 2014	oursement For: Primary X General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Windy Hageman			10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 552	Randolph St.		Amount
City	State	Zip Code	22.50
Marrero	LA	70072	Transaction ID : b541c727-6970-49bd-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 30 / 2014
Name of Federal Candi	date	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-D Per Election for Of		223984.53 Disl 201	oursement For: Primary General 4 Other (specify) ▶
(a) SUBTOTAL of Itemiz	ed Independent Expenditures	·····	37.50
(b) SUBTOTAL of Uniter	nized Independent Expenditures	·····	
(c) TOTAL Independent	Expenditures	· · · · · · · · · · · · · · · · · · ·	
with, or at the request or			nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Ms. Emily Bu		ronically Filed]	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

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OF

Schedule E)					PAGE 122 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Speal	c Out PAC				C C00530766
Check if X 24-hour	report 48-hour re	port New repo	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Name of Pay Windy Hage					of Public Distribution/Dissemination
Mailing Address	5521 Randolph St.			Amou	10 30 2014 nt
City		State	Zip Code		2.40
Marrero		LA	70072		action ID : f01cf60b-3526-4cde-a of Disbursement or Obligation
Purpose of Exper Mileage	nditure		Category/ Type 002	М	10 30 / Y Y Y Y Y
Name of Federal	Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landı	rieu		X Oppose	Preside	ent Senate State: LA
Calendar Yea Per Election	ar-To-Date for Office Sought	2	223984.53	Disbursement 2014 Or	t For: Primary X General
Full Name of Pay Andrew Sric					of Public Distribution/Dissemination
Mailing Address	2026 West Nettleton Av	enue Apt 2		Amou	nt
City		State	Zip Code		15.00
Jonesboro		AR	72401		ction ID: 48e00910-7897-4998-9 f Disbursement or Obligation
Purpose of Experion Salary	nditure		Category/ Type 001		10 30 / 2014
Name of Federal	Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor			X Oppose	Preside	-
Calendar Ye Per Election	ar-To-Date for Office Sought		220289.85	Disbursemen 2014 O	t For:
(a) SUBTOTAL of	Itemized Independent Ex	penditures		· [17.40
(b) SUBTOTAL of	Unitemized Independent	Expenditures		· •	
(c) TOTAL Indepe	ndent Expenditures			•	7
with, or at the requ		y candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	mily Buchanan	[Electron	ically Filed] Date	M M /	01 2014
Signature					

Schedule E)	ALI LINDLINI LAI LINDI			PAGE 123 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-h	nour report New report	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Andrew Sricklin			M = M	ic Distribution/Dissemination
Mailing Address 2026 West Nettleto	n Avenue Apt 2		Amount	30 2014
City	State	Zip Code		6.60
Jonesboro	AR	72401		ID: bdd473ff-1527-49e5-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	2	220289.85	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee Christopher L Gilbert Mailing Address 55 Lovell Johnson			Date of Publ	ic Distribution/Dissemination
Mailing Address 55 Lovell Johnso	n Rd		Amount	
City	State	Zip Code		67.50
Picayune Purpose of Expenditure	MS	39466	Date of Disb	D: be711163-d533-475f-8 ursement or Obligation
Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		223984.53	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independ	lent Expenditures		•	74.10
(b) SUBTOTAL of Unitemized Indepe	endent Expenditures			4
(c) TOTAL Independent Expenditures	\$		>	7
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party c	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	M M / D D D	2014
Signature				

	,		FOR SE OF FORM 24/48
	MMITTEE (In Full)	<u> </u>	FEC IDENTIFICATION NUMBER ▼
vvomen S	peak Out PAC		C C00530766
Check if X	4-hour report 48-hour report New	report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name			Date of Public Distribution/Dissemination
	pher L Gilbert		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Ad	dress 55 Lovell Johnson Rd		Amount
City	State	Zip Code	38.40
Picayune	MS	39466	Transaction ID: 8945bb88-8482-4ef5-8 Date of Disbursement or Obligation
Purpose of Mileage	Expenditure	Category/ Type 002	10 / 30 / 2014
Name of F	ederal Candidate	Support Office	Sought: House District: 00
Ms. Mary	. Landrieu	X Oppose	President State: LA
	dar Year-To-Date ection for Office Sought	223984.53 Disbu 2014	orsement For: Primary
Full Name LaVonr	of Payee a A Brown		Date of Public Distribution/Dissemination
Mailing Ad	dress 1211 Treaty Rd		Amount
City	State	Zip Code	40.00
Delphos	KS	67436	Transaction ID: 633549a3-2ee5-4e48-a Date of Disbursement or Obligation
Purpose o Salary	Expenditure	Category/ Type 001	10 30 / 2014
Name of F	ederal Candidate	Support Office	e Sought: House District: 00
Mr. Greg (Orman	X Oppose	President Senate State: KS
	dar Year-To-Date lection for Office Sought	200235.20 Disbu 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTO	FAL of Itemized Independent Expenditures	·····	78.40
(b) SUBTO	TAL of Unitemized Independent Expenditures	······	
(c) TOTAL	Independent Expenditures	······································	
with, or at t	ty of perjury I certify that the independent expenditure request or suggestion of, any candidate or authorittee) any political party committee or its agent.		
Signature		tronically Filed] Date 1	1 01 2014
Signatur	,		

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date o	of Pub	olic Distribution	Dissemination
	LaVonna A Brown		10 ^M	30	2014
	Mailing Address 1211 Treaty Rd	Amour	nt		
ŀ	City State Zip Code	Г.			21.60
	Delphos KS 67436			n ID: db8b642 bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002	М	10 ^M	30	2014
ŀ	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Greg Orman	Preside		X Senate	State: KS
Ì	Calendar Year-To-Date Per Election for Office Sought Disbur 200235.20 Disbur 2014	rsemen		Primary specify) ▶	General
ŀ	Full Name of Davis				
	Full Name of Payee Timothy Foley	Date o	of Pub	olic Distribution	Y Y Y Y Y
	Mailing Address 20679 Glenbrook Terrace	Amou	-	30	2014
ŀ	City State Zip Code	Π.			40.00
				ID: 707ececd	
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	30	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary	General
((a) SUBTOTAL of Itemized Independent Expenditures			F 1 1 7	61.60
((b) SUBTOTAL of Unitemized Independent Expenditures			7	
((c) TOTAL Independent Expenditures	Ľ.		7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 11	M /	01	D / Y Y 201	4
	Signature		_		

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OF

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC ID	ENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C	C00530766
Che	eck if Z 24-hour report 48-hour report New report Amends report filed of	on M=M /	D D / Y Y Y Y
Т	Full Name of Payee	Date of Public	: Distribution/Dissemination
	Kyler A Jost	10	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1830 College Height Rd	Amount	
ŀ	City State Zip Code		20.00
	Manhattan KS 66502		D: 63b73bb2-3706-4d48-a rsement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	30 / 2014
ı	Name of Federal Candidate Support Office	Sought:	House District:00
	Mr. Greg Orman Oppose	President >	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbur 200235.20 Disbur 2014	sement For: Other (spe	Primary
ľ	Full Name of Payee Kyler A Jost	M = M /	Distribution/Dissemination
	Mailing Address 1830 College Height Rd	10 Amount	30 2014
ŀ	City State Zip Code		5.10
	Manhattan KS 66502		: a6cd639b-1b1d-4696-a rsement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	30 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	President >	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbur 200235.20 Disbur 2014	rsement For: Other (spe	Primary
((a) SUBTOTAL of Itemized Independent Expenditures	7	25.10
((b) SUBTOTAL of Unitemized Independent Expenditures	1 4	
((c) TOTAL Independent Expenditures		4 1 4
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 11	M / D D D 01	2014
	Signature		

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OF

Sched	lule E)	1 L /(1 L /(2)	1101120		PAGE 127 OF 172 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	f X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Name of Payee narity A Carr				of Public Distribution/Dissemination
Mail	ling Address 13827 S E 44th St			Amou	10 30 2014 unt
City		State	Zip Code	— r	50.00
	octaw	OK	73020		saction ID : 36ad2ff3-cb6d-458e-8 of Disbursement or Obligation
Purp Sal	oose of Expenditure ary		Category/ Type 001		10 30 2014
Nam	ne of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr.	Mark L Pryor		Oppose	Presid	dent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	2	220289.85	Disbursemer 2014	nt For: Primary
Full Ch	Name of Payee narity A Carr				of Public Distribution/Dissemination
Mail	ling Address 13827 S E 44th St			Amou	
City	,	State	Zip Code		36.00
	octaw	ОК	73020		action ID : ca7d71eb-c319-4aba-8 of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002	$\Box \mid \Box$	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nan	ne of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr.	Mark L Pryor		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		220289.85	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditure	es			86.00
(b) S	SUBTOTAL of Unitemized Independent Expendit	ures		-	1 7 1 1 7 1 1 7 1
(c) T	TOTAL Independent Expenditures			· •	
with,	r penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11 /	01 2014
Si	gnature				

Schedule E)	W ENDITORIES	PAGE 128 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination
Mailing Address 10112 Piney Creek Ct		10 30 2014 Amount
City State	e Zip Code	55.00
Charolette NC	•	Transaction ID : f6252564-6faf-4a7e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 30 7 2014
Name of Federal Candidate	Support Office	ee Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	220289.85 Disb 2014	oursement For: Primary X General Other (specify)
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination
Mailing Address 10112 Piney Creek Ct		Amount
City Stat	e Zip Code	36.90
Charolette	28215	Transaction ID : a0fc08ff-2690-44d7-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 30 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	220289.85 Dist 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	·····	91.90
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date	11 01 2014
Signature	_	

,						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report 48-hour report	New repo	ort Am	nends repo		M = M	/ /	Y = Y = Y
Full Name of Payee				Date	of Pub	lic Distribution/	Dissemination
Zachary W Jackson					10 M	30	2014
Mailing Address 3513 Elizabeth St				Amo	unt		
City	State	Zip Code					40.00
Choctaw	OK	73020		Tran Date	saction of Disk	ID: 4f6dd8ea oursement or C	-45ba-41de-a Obligation
Purpose of Expenditure Salary		Category/ Type	001		M M M 10	30	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District: 00
Mr. Mark L Pryor			Oppose	Presid		X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	2	20289.85		Disburseme		Primary	General
Full Name of Payee Zachary W Jackson				Date	of Pub	lic Distribution/	Dissemination 2014
Mailing Address 3513 Elizabeth St				Amo	unt		
City	State	Zip Code					36.00
Choctaw	OK	73020				ID: f9ca9147-oursement or C	
Purpose of Expenditure Mileage		Category/ Type	002		10 ^M	30	2014
Name of Federal Candidate			Support	Office Soug	jht:	House	District:00
Mr. Mark L Pryor		X	Oppose	Presi	dent	X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	220289.8	5	Disburseme 2014		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures	i			•	-7	7-	76.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			· •			
(c) TOTAL Independent Expenditures				• [4	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized						
Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M = M /	01	201	
Signature							

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXIEND	TIONES	<u> </u>	PAGE 130 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Courtney Goldstein			Date of Public	Distribution/Dissemination 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1809 N Woodlawn			Amount	30 2014
City	State	Zip Code		80.00
Metairie	LA	70001		0 : 5880a572-1d42-4b7e-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7	223984.53	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Courtney Goldstein			10	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1809 N Woodlawn			Amount	
City	State	Zip Code		4.80
Metairie	LA	70001		: 68dd80d4-ac94-47a2-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		223984.53	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures		·	84.80
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
			4	4
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 01	2014
Signature				

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	of Public Distribution/Dissemination
	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St Amo	unt
City State Zip Code	80.00
New Orleans LA 70188 Tran	saction ID : 2816531b-f41b-4fc2-b of Disbursement or Obligation
Purpose of Expenditure	M M / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Mary L Landrieu	dent State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary General Other (specify)
	e of Public Distribution/Dissemination
Mailing Address 8822 Apple St Amo	10 30 2014 ount
City State Zip Code	18.00
	saction ID : ece88b2f-38e3-4a68-b of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 30 / 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Mary L Landrieu Presi	dent State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	98.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	01 2014
Signature	

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OF

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Hannah J Landry	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 N Coolidge	nount
City State Zip Code	75.00
Gonzales LA 70737 Tra	ansaction ID : a247882f-48fd-402b-9 tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 30 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 223984.53 Disbursem 2014	nent For:
Full Name of Payee Da Hannah J Landry	ate of Public Distribution/Dissemination
Mailing Address 1110 N Coolidge	10 30 2014 mount
City State Zip Code	16.86
Gonzales LA 70737 Trai	nsaction ID : 6931af7a-93cd-4510-b
Purpose of Expenditure Mileage Category/ Type O02	ate of Disbursement or Obligation 10 30 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 223984.53 Disbursen	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	91.86
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)				PAGE 133 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour repor	rt New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Tammay Williams			M	
Mailing Address 924 N. Prieur St			Amount	0 30 2014
City	State	Zip Code		80.00
New Orleans	LA	70116		ction ID : 7b8d5431-4c40-48d2-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	0 30 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, , , , , ,	223984.53	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Tammay Williams			M	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code	— I :	18.00
New Orleans	LA	70116		tion ID : e09c53d6-e857-49ec-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		0 30 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		223984.53	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expe	nditures		· .	98.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures			
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	, 11 / I	01 / 2014
Signature				

Schedule E)	1 670 610			PAGE 134 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Mary C Lee				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amour	nt
City	State	Zip Code		75.00
Gonzales	LA	70737		action ID: cd565745-e4a3-420d-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 30 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	223984.53	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	of Public Distribution/Dissemination
Mary C Lee				10 30 / Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave				10 30 2014
1000 ii Goollage / ii G			Amour	nt
City	State	Zip Code		16.86
Gonzales	LA	70737		ction ID : 19d487f7-3cdf-4a0d-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 D 30 Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	223984.53	Disbursement 2014 Ot	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	9S		· •	91.86
(b) SUBTOTAL of Unitemized Independent Expendi	tures		• •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / /	01 2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	II EXI END	ITOTILO		PAGE 135 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Ryan Drake				0 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		10.00
Walker	LA	70785		ction ID : abaeb423-7f9f-4f25-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 30 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	223984.53	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Ryan Drake				0 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St			Amoun	t
City	State	Zip Code		0.60
Walker	LA	70785		tion ID: 37c913bf-e55a-4c5b-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		0 30 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	223984.53	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es			10.60
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
				49. 49.
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	01 / 2014
- 9				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXILIND	TTOTILO	PAGE 136 O FOR SE OF FOR	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION N	JMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	t filed on M M / D D / Y	Y = Y = Y
Full Name of Payee Philip Elkins				Y Y Y
Mailing Address 227 Lincoln Dr			10	2014
City	State	Zip Code		20.00
Bossier City	LA	71111	Transaction ID : 4d29458a-db4c Date of Disbursement or Obligat	-4001-9
Purpose of Expenditure Salary		Category/ Type 001	M = M / D = D / Y =	2014 2014
Name of Federal Candidate		Support	Office Sought: House District	et: 00
Ms. Mary L Landrieu		Oppose	President Senate Stat	e: LA
Calendar Year-To-Date Per Election for Office Sought		223984.53	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee Philip Elkins				YYY
Mailing Address 227 Lincoln Dr			10 30 Amount	2014
City	State	Zip Code		6.54
Bossier City	LA	71111	Transaction ID : de419884-8f27- Date of Disbursement or Obliga	4035-9
Purpose of Expenditure Mileage		Category/ Type 002		2014 Y
Name of Federal Candidate		Support	Office Sought: House Distric	ct: <u>00</u>
Ms. Mary L Landrieu		X Oppose	President State State	_
Calendar Year-To-Date Per Election for Office Sought	7 7	223984.53	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	26.54
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		>	
			7 7	45
(c) TOTAL Independent Expenditures			>	-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 01 2014	
Jigilataio				

Schedule E)	TI EXI END	TOTILO		PAGE 137 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Cynthia J Christmas			M	
Mailing Address 1731 Frenchmen St			Amount	30 2014
City	State	Zip Code		50.00
New Orleans	LA	70116		tion ID: 5729754d-bcbd-4ba1-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	223984.53	Disbursement F 2014 Othe	for:
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Maria A Britt			M 10	
Mailing Address 4894 Thunder Bolt			Amount	
City	State	Zip Code		45.00
Concord	NC	28205		ion ID : 95bcceb2-51ff-43b9-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	0 30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	1077927.97	Disbursement F 2014 Othe	For: Primary General er (specify) •
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	95.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
(a) act 10112 of content in appendix 2.,pen.			. •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·· •	7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		01 2014
Signature				

	neddie E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
V۱	omen Speak Out PAC		С	C00530766	
 Che	eck if X 24-hour report 48-hour report New report Amends report filed		- M	/ D D /	Y I Y I Y I Y
Т	Full Name of Payee	Date o	of Pub	olic Distribution	/Dissemination
	Maria A Britt		10 ^M	30 /	2014
	Mailing Address 4894 Thunder Bolt	Amour	nt		
-	City State Zip Code				12.60
	Concord NC 28205			n ID: 79992eek bursement or 0	o-9e30-4892-9
	Purpose of Expenditure Mileage Category/ Type 002	М	10 M	30	2014
-	Name of Federal Candidate Support Office	e Sought	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement		Primary specify) ▶	General
ŀ	Full Name of Payee Karen Congema	Date o	of Pub	olic Distribution	Y Y Y Y Y
	Mailing Address 813 Worthington Way	Amour	10 nt	30	2014
-	City State Zip Code				40.00
	Wilmington NC 28411	Transa Date o	ction of Dis	ID: 7df243f8-9	5ab3-458b-a Obligation
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	/ 30 /	2014
-	Name of Federal Candidate Support Office	e Sought	t:	House	District: 00
		Preside		X Senate	State: NC
				Primary	/ Karal General
((a) SUBTOTAL of Itemized Independent Expenditures				52.60
((b) SUBTOTAL of Unitemized Independent Expenditures				1 1 40 1
((c) TOTAL Independent Expenditures			- 4	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	01	D / Y Y 201	4
	Signature				

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OF

Schedule E)			1101120		PAGE 139 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak C	out PAC				C C00530766
Check if X 24-hour rep	ort 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Karen Congen	na	<u>'</u>			of Public Distribution/Dissemination
Mailing Address 813	Worthington Way			Amou	10 30 2014 unt
City		State	Zip Code	<u> </u>	6.00
Wilmington		NC	28411		saction ID : fbfcbe6f-a29a-4bbe-b of Disbursement or Obligation
Purpose of Expenditu Mileage	re		Category/ Type 002		10 30 / Y Y Y Y Y
Name of Federal Car	ndidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			Oppose	Presid	lent Senate State: NC
Calendar Year-To Per Election for		10	077927.97	Disbursemer 2014	nt For:
Full Name of Payee Jeffrey Hampto	n				of Public Distribution/Dissemination
Mailing Address ₁₇	700 E Part Ave			Amou	unt
City		State	Zip Code	ПL.	22.50
Searcy		AR	72149		action ID: 0996a000-da0a-4036-8 of Disbursement or Obligation
Purpose of Expenditu Salary	ire		Category/ Type 001		10 30 / 2014
Name of Federal Car	ndidate		Support	Office Sough	ht: House District: 00
Mr. Mark L Pryor			Oppose	Presid	dent Senate State: AR
Calendar Year-To Per Election for			220289.85	Disbursemer 2014	nt For:
(a) SUBTOTAL of Item	nized Independent Expendito	ıres		•	28.50
(b) SUBTOTAL of Uni	temized Independent Expen	ditures		· •	
(c) TOTAL Independen	nt Expenditures				7
with, or at the request		date or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	cically Filed] Date	e 11	01 2014
Signature					

Schedule E)	I EXI END			PAGE 140 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Jeffrey Hampton			Date of	Public Distribution/Dissemination
Mailing Address 1700 E Part Ave			1 Amount	0 30 2014
City	State	Zip Code		13.44
Searcy	AR	72149		ction ID : b2525cf7-ae03-4fa0-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, , , 2	220289.85	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee OLynda Walker			M	Public Distribution/Dissemination
Mailing Address 10000 Mount Pleasant Rd			Amount	
City	State	Zip Code		45.00
Midland	NC	28107	Transac Date of	tion ID: 99f33554-8f49-4c1c-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 30 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1077927.97	Disbursement 2014 Oth	For: Primary ☐ General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	·s			58.44
(b) SUBTOTAL of Unitemized Independent Expendit	ures		. —	7 7 7 7
				4 4
(c) TOTAL Independent Expenditures			·	4 4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		01 2014
Signature				

Scl	hedule E)	EXI ENDI	101120				PAGE 141 OF FOR SE OF FORM 24	172 4/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUME	
W	omen Speak Out PAC						C00530766	
 Che	eck if 24-hour report 48-hour report	X New repo	ort Amen	ds repo	rt filed on	- M /	D = D / Y = Y =	Y Y
Т	Full Name of Payee Evelyn Lesaicherre						: Distribution/Dissemina	
-	Mailing Address 629 Radiance Ave				IV	10 /	30 / 2014	4
	020				Amou	nt		
	City S Metairie	State LA	Zip Code 70001				D : 3ec3197b-077a-4b	0.00 94-a
-	Purpose of Expenditure Salary		Category/ Type	001		of Disbu	rsement or Obligation	
-	Name of Federal Candidate		Sup	port	Office Sough	t:	House District: _	00
-	Ms. Mary L Landrieu			ose	Preside	,	Senate State: _	LA
	Calendar Year-To-Date Per Election for Office Sought	2	223984.53		Disbursemen 2014 O	t For: ther (sp		ieneral
	Full Name of Payee Evelyn Lesaicherre					of Public	Distribution/Dissemination / June 1 201	Y Y
	Mailing Address 629 Radiance Ave				Amou			
ŀ	City	State	Zip Code				10	.50
	Metairie	LA	70001				: aca295af-506f-4874 irsement or Obligation	-b
	Purpose of Expenditure Mileage		Category/ Type	002		10	30 / 201	
1	Name of Federal Candidate		Sup	port	Office Sough	t:	House District: _	00
ŀ	Ms. Mary L Landrieu		Х Орр	oose	Preside		Senate State: _	LA
	Calendar Year-To-Date Per Election for Office Sought		223984.53		Disbursemer 2014 C	t For: ther (sp		Seneral
(6	a) SUBTOTAL of Itemized Independent Expenditures				•		90.5	0
(1	b) SUBTOTAL of Unitemized Independent Expenditure	es			.			
(0	c) TOTAL Independent Expenditures				•	-7-		
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate earty committee) any political party committee or its ag	or authorized						
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	01	2014	
	Signature							

Schedule E)	MOEI ENDERT EXI END	II OILEO		PAGE 142 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report	48-hour report New rep	port Amends repo	rt filed on	D D / Y D Y D Y
Full Name of Payee Mry S Everly				Distribution/Dissemination
Mailing Address 787 N 1851 Dia	agonal Rd		10	30 / 2014
			Amount	
City	State	Zip Code		30.00
Lecompton	KS	66050		D: f2be505c-7f07-42b8-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sou	ght	200235.20	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee				Distribution/Dissemination
Mry S Everly			M M /	20 / Y Y Y Y Y
Mailing Address 787 N 1851 I	 Diagonal Rd		10	30 2014
			Amount	
City	State	Zip Code		12.00
Lecompton	KS	66050	Transaction ID Date of Disbu	: 3821bb82-6a1c-4993-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sou	ght	200235.20	Disbursement For: 2014 Other (sp	Primary
_				
(a) SUBTOTAL of Itemized Indep	pendent Expenditures		•	42.00
(b) SUBTOTAL of Unitermized Inc	dependent Expenditures		•	
(c) TOTAL Independent Expendit	tures)	
	that the independent expenditures tion of, any candidate or authorized ty committee or its agent.			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M = M / D = D 11 01	2014
Signature				

			FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC ID	DENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C	C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M=M /	D = D / Y = Y = Y
	ull Name of Payee	Date of Public	c Distribution/Dissemination
	Karen R Myers	10	30 / 2014
IN	failing Address 14566 NW 110th St	Amount	
С	Sity State Zip Code		90.00
- 1	Whitewater KS 67154	Transaction I Date of Disbu	ID: 71a26221-aef2-4bc2-8 ursement or Obligation
	urpose of Expenditure Salary Category/ Type 001	10	30 / 2014
Ν	lame of Federal Candidate Support Office	Sought:	House District: 00
N	Mr. Greg Orman Oppose	President >	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 200235.20	rsement For: Other (sp	Primary
	Mailing Address 14566 NW 110th St	Date of Public	c Distribution/Dissemination
			4500
-	State Zip Code Whitewater KS 67154		15.90 D : af00be2b-231d-45f5-a
	Purpose of Expenditure Mileage Category/ Type 002	10	ursement or Obligation
Ν	lame of Federal Candidate Support Office	Sought:	House District: 00
ľ	Mr. Greg Orman Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20	rsement For: Other (sp	Primary X General
(a)	SUBTOTAL of Itemized Independent Expenditures	7	105.90
(b)	SUBTOTAL of Unitemized Independent Expenditures	7	
(c)	TOTAL Independent Expenditures	1 7	
wit	der penalty of perjury I certify that the independent expenditures reported herein were not ma h, or at the request or suggestion of, any candidate or authorized committee or agent of either rty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / D D D	2014
	Signature		

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LAFLINDI			PAGE 144 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Rachel L Anzalone				of Public Distribution/Dissemination
Mailing Address 2319 West Oak			Amou	10 30 2014 nt
City	State	Zin Codo		50.00
El Dorado	AR	Zip Code 71730		action ID : cf7e7797-6ea3-414e-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 30 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	20289.85	Disbursemer 2014	tt For:
Full Name of Payee Rebecca A Shearer				of Public Distribution/Dissemination
Mailing Address 6544 Arno College Grove Rd			Amou	10 30 2014 ant
City	State	Zip Code		65.00
College Grove	TN	37046		action ID: 4a7c9bbf-3487-4277-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 30 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	11/1/	220289.85	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.				115.00
(b) SUBTOTAL of Unitermized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			· [7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	M = M /	01 / 2014

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Rebecca A Shearer	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6544 Arno College Grove Rd	Amount
	City State Zip Code	23.40
	College Grove TN 37046	Transaction ID: 8525706e-95a0-4417-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	00000005	rrsement For: Primary X General
	Per Election for Office Sought 220289.85 2014	Other (specify)
	Full Name of Payee Parker H Morrow	Date of Public Distribution/Dissemination
	Mailing Address 506 N Horton Street	10 30 2014
	Mailing Address 506 N Horton Street	Amount
	City State Zip Code	65.00
	Searcy AR 72143	Transaction ID: 4114a91f-f14d-4e2e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 / 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
		President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 220289.85	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	88.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	
	Signature	

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Parker H Morrow	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 506 N Horton Street	Amount
	City State Zip Code	23.40
	Searcy AR 72143	Transaction ID: 38563fe9-55f6-42f5-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 220289.85 Disbut 220289.85	ursement For: Primary X General
		Other (specify)
	Full Name of Payee Carl Brent	Date of Public Distribution/Dissemination
	Mailing Address 6718 Lake Willow Dr	10 30 2014 Amount
	City State Zip Code	80.00
	New Orleans LA 70126	Transaction ID : c7eab2f1-86b0-4a58-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	103.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	
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Schedule E)	IVI EXI END	HONES		AGE 147 OF 172 OR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼	
Women Speak Out PAC					
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee	<u></u>		Date of Public D	Distribution/Dissemination	
Carl Brent			10	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 6718 Lake Willow Dr			Amount		
City	State	Zip Code		10.50	
New Orleans	LA	70126		: 0fb0b969-5f09-4963-9 ement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10	30 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		X Oppose		Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		223984.53	Disbursement For: 2014 Other (speci	Primary	
Full Name of Payee			Date of Public D	Distribution/Dissemination	
Irene R Hoyer			M M / / 10	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4310 N Mission Rd			Amount	2014	
City	State	Zip Code		24.50	
Bel Aire	KS	67226		a6a9b968-ba78-43e2-8 ement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Mr. Greg Orman		X Oppose	President X	Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	200235.20	Disbursement For: 2014 Other (spec	Primary X General	
(a) SUBTOTAL of Itemized Independent Expendit	ures			35.00	
			7	7 7	
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•		
(c) TOTAL Independent Expenditures)		
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 01 01	2014	
-					

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	ck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Irene R Hoyer		10 ^M	30	2014
	Mailing Address 4310 N Mission Rd	Amour	nt		
H	City State Zip Code				7.65
	Bel Aire KS 67226			n ID: f19afa06- bursement or C	7ccb-4cfc-a
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	30	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Greg Orman Oppose	Preside		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 200235.20 2014	rsement		Primary specify) ▶	General
	Full Name of Payee Amelia Brackett	Date of	of Pub	olic Distribution	/Dissemination
-	Mailing Address 804 Roundabout Circle		10	30	2014
ı		Amou	nt		
ŀ	City State Zip Code	1:			115.00
	Searcy AR 72143			ID: 41904be6- bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	30	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 220289.85			Primary specify) ▶	General
(8	a) SUBTOTAL of Itemized Independent Expenditures		-7		122.65
(i	b) SUBTOTAL of Unitemized Independent Expenditures				
(0	c) TOTAL Independent Expenditures		1 - 4	7	
W	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	01	D / Y Y 201	4
	Signature				

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee Michael A Stieben	Date of Public Distribution/Dissemination
		10 30 7 2014
	Mailing Address 16864 Stillwell	Amount
ŀ	City State Zip Code	40.00
	Bonner Springs KS 66012	Transaction ID: 72f75d57-6826-4d02-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 7 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 200235.20 Disbu 2014	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee Michael A Stieben Mailing Address 16864 Stillwell	Date of Public Distribution/Dissemination M M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	City State Zip Code	19.80
	,	Transaction ID : bfc5e3e0-e2bc-4b8c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 30 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20	rsement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	59.80
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	7 7 7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 01 2014
	Oignaturo	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Josiah B Beal	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2927 SW Hopkins Switch Rd	Amount
ı	City State Zip Code	30.00
	El Dorado KS 67042	Transaction ID: 32b5b194-48d9-4d1b-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 / 2014
j	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20 Disbut 2014	rsement For:
	Full Name of Payee Kaitlyn B Allen	Date of Public Distribution/Dissemination
	Mailing Address 2121 Daniel Dr	10 30 2014 Amount
ŀ	City State Zip Code	115.00
	Searcy AR 72143	Transaction ID : c0be5ec9-6b0c-46a9-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 30 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	145.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Oignature	

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ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Kaitlyn B Allen	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2121 Daniel Dr Amo	ount
City State Zip Code	67.50
Searcy AR 72143 Tran	nsaction ID : fc1b5bd7-0324-4576-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 30 7 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Mark L Pryor	ident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement 220289.85 Disbursement 2014	
	Other (specify)
Full Name of Payee Zachariah T Beal	e of Public Distribution/Dissemination 10 30 2014
Mailing Address 2927 SW Hopkins Switch Rd Amo	10 30 2014 ount
City State Zip Code	30.00
El Dorado KS 67042 Trans	saction ID : ee9be53a-1f24-4d49-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 30 2014
Name of Federal Candidate Support Office Sou	ight: House District:00
Mr. Greg Orman Presi	sident X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	97.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	01 2014
Signature	

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OF

Schedule E)	JENT EXI END	ITOTILO	PAGE 15 FOR SE C	52 OF 172 OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICAT	ON NUMBER ▼		
Women Speak Out PAC	C C00530766					
Check if 🔀 24-hour report 🔲 48-hour repor	Check if Z 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Zachariah T Beal			Date of Public Distribution	/ Y = Y = Y		
Mailing Address 2927 SW Hopkins Switch Rd			10 30 Amount	2014		
City	State	Zip Code		9.00		
El Dorado	KS	67042	Transaction ID : 2ea61a3 Date of Disbursement or	3c-6778-431e-a		
Purpose of Expenditure Mileage		Category/ Type 002	10 30	2014		
Name of Federal Candidate		Support	Office Sought: House	District: 00		
Mr. Greg Orman		X Oppose	President Senate	State: KS		
Calendar Year-To-Date Per Election for Office Sought	.,	200235.20	Disbursement For: Primar 2014 Other (specify) ▶	ry X General		
Full Name of Payee			Date of Public Distributio	n/Dissemination		
Christine Stevens			10 / 30	2014		
Mailing Address 100 Asbury Ct			Amount			
City	State	Zip Code		80.00		
Winchester	VA	22602	Transaction ID : 972129a Date of Disbursement or			
Purpose of Expenditure Salary		Category/ Type 001	10 30	2014		
Name of Federal Candidate		Support	Office Sought: House	District:00		
Mr. Greg Orman		X Oppose	President Senate	State: KS		
Calendar Year-To-Date Per Election for Office Sought		200235.20	Disbursement For: ☐ Prima 2014 ☐ Other (specify) ▶ _	ry X General		
(a) SUBTOTAL of Itemized Independent Exper	nditures		,	89.00		
(b) SUBTOTAL of Unitemized Independent Ex	penditures					
			7			
(c) TOTAL Independent Expenditures)			
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		014		
5.g.10.010						

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y B Y B Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Jazmine d Conner	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 ASBURY CT	Amount
ŀ	City State Zip Code	70.00
	WINCHESTER VA 22602	Transaction ID : d4142be0-fa5e-4ce2-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 2014
ı	Name of Federal Candidate Support Office	Sought: House District:00
1	Mr. Greg Orman	President X Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 201235.20 Disbut 2014	sement For: Primary General Other (specify) ▶
ľ	Full Name of Payee Jon E Conner	Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct	10 30 2014 Amount
ŀ	City State Zip Code	70.00
	Winchester VA 22602	Transaction ID: 79ad9f0f-d276-43f4-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 7 2014
ľ	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 200235.20	rsement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	140.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed o	n
Full Name of Payee		Date of Public Distribution/Dissemination
Rodney O Culbreath		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct		Amount
City	ate Zip Code	80.00
Winchester	VA 22602	Transaction ID: 7883e185-3df7-4f27-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Greg Orman	∑ Oppose	President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	200235.20 Disburs 2014	sement For: Primary
Full Name of Payee Rodney D Culbreth Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Date of Public Distribution/Dissemination 10 2014 Amount
	tate Zip Code	80.00
1 '	VA 22602 T	Transaction ID : f1e7c1de-4867-4eb0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Greg Orman	Oppose p	President State: KS
Calendar Year-To-Date Per Election for Office Sought	200235.20 Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S	7 7 7
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 11	01 2014
Signature		

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Schedule E)	INI EXI END	ITOTILO		PAGE 155 OF 172 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC C C00530766					
Check if Z 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public	: Distribution/Dissemination	
Rze Culbreath			10	30 / 2014	
Mailing Address 100 Asbury Ct			Amount		
City	State	Zip Code		70.00	
Winchester	VA	22602		D: 207f1a4a-6f5a-40e7-a rsement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Mr. Greg Orman		X Oppose	President >	Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	;	200235.20	Disbursement For: 2014 Other (sp.	Primary	
Full Name of Payee	<u> </u>		Date of Public	Distribution/Dissemination	
Brieshauna M Stevens			10	30 / 2014	
Mailing Address 1703 Torrey Pines Ct			Amount		
City	State	Zip Code		45.00	
Reston	VA	20190		2: 2793a270-009b-4577-9 ursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Greg Orman		X Oppose	President >	Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	7	200235.20	Disbursement For: 2014 Other (sp	Primary X General ecify) ►	
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			115.00	
				7 7 7 7	
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•		
(c) TOTAL Independent Expenditures			•	4 1 2	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 01	2014	
- 3					

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Carol L Walters	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1900 Glen West Way	Amount
City State Zip Code	50.00
Fort Smith AR 72916	Transaction ID : 1fbb8571-cfe5-458e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 30 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disk 220289.85	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Carol L Walters	10 30 2014
Mailing Address 1900 Glen West Way	Amount
City State Zip Code	6.60
Fort Smith AR 72916	Transaction ID : 1eff0a0e-c283-4a32-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 30 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disl 220289.85	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	56.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	ON OF INDEPENDE	INI EXI END	ITORES		PAGE 157 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Paye John P Hilke				Date	of Public Distribution/Dissemination
Mailing Address 7				L	10 30 7 2014
				Amo	unt
City		State	Zip Code		85.00
Fletcher	Ph	NC	28732		saction ID: a7f0c075-0e68-47d4-b of Disbursement or Obligation
Purpose of Expend Salary	diture		Category/ Type 001	$\Box \mid \Box$	10 / 30 / 2014
Name of Federal C	Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan			X Oppose	Presid	dent State: NC
Calendar Year Per Election f	-To-Date or Office Sought	10	077927.97	Disburseme	ent For:
Full Name of Paye				Date	e of Public Distribution/Dissemination
John P Hilker					M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	7 Bards Lane			Amo	punt
City		State	Zip Code	$ \Gamma$	19.50
Fletcher		NC	28732		saction ID: 21bccd18-a63b-471a-8 of Disbursement or Obligation
Purpose of Expend Mileage	diture		Category/ Type 002		10 30 7 2014
Name of Federal 0	Candidate		Support	Office Soug	ght: House District: 00
Ms. Kay Hagan			Oppose	Presi	
Calendar Year Per Election f	r-To-Date or Office Sought	7	1077927.97	Disburseme 2014	ent For: Primary X General Other (specify) ►
(a) SUBTOTAL of I	temized Independent Expenditu	ıres			104.50
(b) SUBTOTAL of I	Jnitemized Independent Expen	dituros			
(b) SUBTOTAL OF	эппенигеа таерепаетт Ехреп	altures		. •	4 4 4
(c) TOTAL Indepen	dent Expenditures			· •	7
with, or at the reque		date or authorized			cooperation, consultation, or concert f the reporting entity is not a political
Ms. Em	ily Buchanan	[Electron	ically Filed] Date	e 11	01 2014

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Danielle McCoy	10 30 2014
Mailing Address 1025 Cayley Ct	punt
City State Zip Code	105.00
High Point NC 27260 Train	nsaction ID: a7400010-f83c-4557-b e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 10 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	ent For: Primary X General Other (specify) ▶
	e of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct	10 30 2014 ount
City State Zip Code	26.10
High Point NC 27260 Tran	saction ID: 90b9c36f-94f5-41f1-a e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 30 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Pres	ident State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	131.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

,							FOR SE OF	FORM 24/48
NAME OF COMMITT						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speal	COULPAC					С	C00530766	
Check if X 24-hour	report 48-hour report	New repo	ort Am	nends repo	rt filed on	M = M	/ D = D /	Y = Y = Y
Full Name of Pay Eleanor Mc					Dat	e of Pub	olic Distribution/	Dissemination
	•					10 N	30	2014
Mailing Address	4902 Catawba Dr				Am	ount		
City		State	Zip Code					105.00
Greensboro		NC	27407				n ID: ebfd3878 bursement or C	
Purpose of Exper Salary	nditure		Category/ Type	001		10	30	2014
Name of Federal	Candidate			Support	Office Sou	ight:	House	District: 00
Ms. Kay Hagan			\times	Oppose	Pres	sident	X Senate	State: NC
Calendar Year Per Election	ar-To-Date for Office Sought	10	77927.97		Disbursem 2014		Primary	X General
Full Name of Pay Eleanor McC						te of Pub	Distribution	Dissemination Y Y Y Y Y Y Y 2014
0''			7: 0 !					27.00
City Greensboro		State NC	Zip Code 27407				ID : b70052f0-	
Purpose of Expe Mileage	nditure		Category/ Type	002	Da	10	bursement or 0	2014
Name of Federal	Candidate			Support	Office Sou	ıght:	House	District: 00
Ms. Kay Hagan			X	Oppose	Pres	sident	X Senate	State: NC
Calendar Ye Per Election	ar-To-Date for Office Sought	7 7	1077927.9	7	Disbursen 2014		Primary	
(a) SUBTOTAL of	Itemized Independent Expenditur	res			•		P 1 1 2	132.90
(b) SUBTOTAL of	Unitemized Independent Expend	itures			•		p. 1 - 2p.	
(c) TOTAL Indepe	ndent Expenditures				•		7	
with, or at the requ	perjury I certify that the independuest or suggestion of, any candidiny political party committee or its	ate or authorized						
	mily Buchanan	[Electron	ically Filed]	Date	M M M	/ 01	201	
Signature								

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Schedule E)	VI EXI END	THORIES	<u> </u>	PAGE 160 OF 172 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼						
Women Speak Out PAC			C co	00530766						
Check if 24-hour report 48-hour report	heck if 24-hour report 48-hour report New report Amends report filed on									
Full Name of Payee Hannah K Smith			M = M /	Distribution/Dissemination						
Mailing Address 633 Scott Dr			10 Amount	30 2014						
City	Ctoto	Zin Codo		90.00						
City Gibsonville	State NC	Zip Code 27249		80.00 : bed18750-b536-4f61-8 ement or Obligation						
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014						
Name of Federal Candidate		Support	Office Sought:	House District: 00						
Ms. Kay Hagan		Oppose	President X							
Calendar Year-To-Date Per Election for Office Sought	10	077927.97	Disbursement For: 2014 Other (spec	Primary						
Full Name of Payee			Date of Public I	Distribution/Dissemination						
Hannah K Smith			10	30 / 2014						
Mailing Address 633 Scott Dr			Amount							
City	State	Zip Code		12.90						
Gibsonville	NC	27249		191cfb35-08da-4f0d-b ement or Obligation						
Purpose of Expenditure Mileage		Category/ Type 002	10 /	30 / 2014						
Name of Federal Candidate		Support	Office Sought:	House District: 00						
Ms. Kay Hagan		X Oppose		Senate State: NC						
Calendar Year-To-Date Per Election for Office Sought	7	1077927.97	Disbursement For: 2014 Other (spec	Primary X General						
(a) SUBTOTAL of Itemized Independent Expenditu	res			92.90						
(b) SUBTOTAL of Unitemized Independent Expend	itures									
(c) TOTAL Independent Expenditures			>	47						
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized									
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 01	2014						
Signaturo										

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report X New report X Amends report filed	on	= M	/ D = D /	Y Y Y Y
П	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Kaylan N Swanson	М	10 ^M	30	2014
	Mailing Address 633 Scott Dr	Amour	nt		
	City State Zip Code		-		80.00
	Gibsonville NC 27249			n ID: 10c8cb0d bursement or C	d-5bec-4c8b-a
	Purpose of Expenditure Salary Category/ Type 001		10	30	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsemen		Primary specify) ▶	General
	Full Name of Payee Jacob Bernas			olic Distribution	/Dissemination
	Mailing Address 458 S Glendale	Amou	10 nt	30	2014
1	City State Zip Code	Γ.	-		50.00
	Wichita KS 67218			ID: 71784db9 bursement or (-4122-49ed-b
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	30	2014
1	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures		-		130.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			7	
	(c) TOTAL Independent Expenditures		1 - 4	77-	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	01	D / Y Y 201	4
	Signature		_		

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OF

FEC IDENTIFICATION NUMBER V C C00530766		icuaic Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Jacob Bernas Mailing Address 4sB S Glendale City State Zip Code Mileage Support Mileage S	۷V	omen Speak Out PAC	C C00530766
Mailing Address 458 S Glendale City State Zip Code Wichita KS 67218 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Brendat L McCune Mailing Address 1254 Fleming St Apt 6 City State Zip Code Transaction ID : 7seb1951-d257-d297-b Date of Debursement or Obligation of Defice Sought To Senate State: KS 67218 Disbursement For: Primary General State: KS 67218 Disbursement For: Primary General Disbursement or Obligation of Defice Sought To Senate State: KS 67218 Disbursement For: Primary General Disbursement or Obligation of Defice Sought To Senate State: KS 67218 Disbursement For: Primary General Disbursement or Obligation To Senate State: KS 67218 Disbursement For: Primary General Disbursement or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement Or Obligation To Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement For: Primary Senate State: AR 72032 Transaction ID : 2sfacc88-c899-tbba-3 Date of Debursement For: P	Che	ck if 24-hour report 48-hour report New report Amends report filed	
Mailing Address 458 \$ Glendate City State Zip Code K\$ 67218 Purpose of Expenditure K\$ 67218 Name of Federal Candidate Support Melange President Senate State: K\$ Calendar Year-To-Date President Melange State: K\$ Disbursement For: Primary General Prurpose of Expenditure Mr. Greg Orman Qoppose President Melange District: 00 President Melange President Melange District: 00 Disbursement For: Primary General President Melange District: 00 District State: K\$ Disbursement For: Primary General District State: Amount Melange Address 1254 Fleming St Apt 6 City State Zip Code Canway AR 72832 Purpose of Expenditure Salary Purpose of Expenditure Support Office Sought: House District: 00 District Distri	T	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Wichita KS 67218 Purpose of Expenditure Mailing Address 1254 Fleming St Apt 6 City State Zip Code Brenda L McCune Milange of Expenditure Mailing Address 1254 Fleming St Apt 6 City State Zip Code Conway AR 72032 Purpose of Expenditure Mailing Address 1254 Fleming St Apt 6 Category/ O01 Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2554-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2564-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2564-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2564-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2564-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2564-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2564-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2564-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2564-2297-b Date of Disbursement or Obligation Transaction ID : 72eb1951-d2564-2297-b Date of Disbursement For: Primary Separate Separat			
Wichita KS 67218 Purpose of Expenditure Category/ Type 002 Transaction ID: 73eb1951-d251-d297-b Date of Disbursement or Obligation		Mailing Address 458 S Glendale	Amount
Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Brenda L McCune Mailing Address 1254 Fleming St Apt 6 City State Category/ Name of Federal Candidate Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Category/ Name of Federal Candidate Mr. Mark L Pryor Category/ Oppose President Amount Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement For: Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement For: Oppose Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement or Obligation Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement or Obligation Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement or Obligation Oppose Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement or Obligation Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement or Obligation Oppose Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement or Obligation Oppose Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement For: Oppose President Senate State: AR Disbursement For: Primary General Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) In the specific oppose of Senate State of Disbursement For: Oppose Oppose Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement For: Oppose Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement For: Oppose Transaction ID : 2afacc68-c893-4bba-9 Date of Disbursement For: Oppose Transaction ID : 2afacc68-c893-4bba-9 Date of Public Distribution/Dissemination Transaction	ŀ	City State Zip Code	9.00
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Brenda L McCune Malling Address 1254 Fleming St Apt 6 City Conway AR 72032 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Salary Name of Pederal Candidate Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Amount Category/ Type Office Sought: House District: Mamount Category/ Type Office Sought: House District: Objects Book President Senate State: AR Disbursement For: Primary Senate State: AR Disbursement For: Primary General Date of Public Distribution/Dissemination Transaction ID : 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Transaction ID : 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Transaction ID : 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Transaction ID : 2afacc68-c899-4bba-9 Date of President Sought Transaction ID : 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Transaction ID : 2afacc68-c899-4bba-9 Date of Disbursement For: Primary General Other (specify) IP Under (specify) IP Under (specify) IP Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any centrification print is not a political party committee or agent of either, or (if the reporting entity is not a political party committee) any centrification print in the primary in the		· ·	
Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Brenda L McCune Mailing Address 1254 Fleming St Apt 6 City State Zip Code Conway AR 72032 Purpose of Expenditure Salary Category/ Tiype Office Sought: House Distribution/Dissemination Transaction ID: 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Ele		Mileage Category/ 002	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Brenda L McCune Mailing Address 1254 Fleming St Apt 6 City Conway AR 72032 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan (Electronically Filed) Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Amount Transaction ID: 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Transaction ID: 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Transaction ID: 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Transaction ID: 2afacc68-c899-4bba-9 Date of Public Distribution/Dissemination Transaction ID: 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Transaction ID: 2afacc68-c899-4bba-9 Date of Disbursement or Disbursement or Disbursement or Disbursement or Disbursement or Disbursement or	Ī	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought 200235.20		Mr. Greg Orman Oppose	President State: KS
Full Name of Payee Brenda L McCune Mailing Address 1254 Fleming St Apt 6 City State Zip Code Conway AR 72032 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination Amount Transaction ID: 2d1acc68-0899-4bba-9 Date of Disbursement or Obligation Transaction ID: 2d1acc68-0899-4bba-9 Date of Disbursement or Obligation Transaction ID: 2d1acc68-0899-4bba-9 Date of Disbursement or Obligation To 00 To		000005.00	
Brenda L McCune Mailing Address 1254 Fleming St Apt 6 City State Zip Code Conway AR 72032 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calegory/ Type 001 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. (Electronically Filed) Date Amount Amount Amount Amount Transaction ID: 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Transaction ID: 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Transaction ID: 2afacc68-c899-4bba-9 Date of Disbursement For Date President State: AR Other (specify) Solution Transaction ID: 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Tr	ŀ	Full Name of Paves	
Mailing Address 1254 Fleming St Apt 6 City State Zip Code Conway AR 72032 Purpose of Expenditure Salary Name of Federal Candidate Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 220289.85 Calendar Year-To-Date Per Election for Office Sought 220289.85 Calendar Year-To-Date Disbursement For: Primary General 2014 (a) SUBTOTAL of Itemized Independent Expenditures Parallel Indepe	١		M = M / D = D / Y = Y = Y
Conway AR 72032 Transaction ID: 2afacc68-c899-4bba-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date President Senate State: AR Disbursement For: Primary Other (specify) And Other (specify) Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election f	ŀ	Mailing Address 1254 Fleming St Apt 6	
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Disbursement or Obligation Office Sought: House District: 00 President X Senate State: AR Disbursement For: Primary Other (specify) Other (specify) (c) TOTAL Independent Expenditures (d) TOTAL Independent Expenditures (e) TOTAL Independent Expenditures (f) Total Independent Expenditures (g) Tot	ŀ	City State Zip Code	80.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Category/ Type Office Sought: House District: 00 Disbursement For: Primary General 2014 Other (specify) Category/ Type Other Sought: House District: 40 Category/ Type Other Sought: House District: 40 Category/ Type Other Sought: House District: 40 Category/ Type Other Sought: House District: 40 Category/ Type Other Sought: House District: 40 Category/ Type Other Sought: House District: 40 Category/ Type Other Sought: House District: 40 Category/ Type Other Sought: House District: 40 Category/ Type Other Sought: House District: 40 Category/ Type Other Sought: House District: 40 Category/ President X Senate State: 4R Category/ President X Senate State: 4R Other (specify) Cother (specify) Category Category Category Category Other (specify) Category Category Category Category Cother Sought: House District: 40 Category Category Cother Sought: Category Category Cother Sought: Category Category Cother Sought: And Category Category Category Category Category Cother Sought: And Category Category Category Cother Sought: And Category Category Category Category Cother Sought: And Category C		Conway AR 72032	Transaction ID : 2afacc68-c899-4bba-9 Date of Disbursement or Obligation
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 220289.85 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures		Salary Odlegory 001	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought 220289.85 Disbursement For: Primary General 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought 220289.85 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures		Mr. Mark L Pryor Oppose	President State: AR State:
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 11 Date 12014	(a) SUBTOTAL of Itemized Independent Expenditures	89.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMMM O O O O O O O O O O O	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Mand	(TOTAL Independent Expenditures	
[Electronically Filed] Date 11 01 2014	W	ith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
Batto		[F1 - +	
		Duto	

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OF

Schedule E)					PAGE 163 OF 172 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if X 24	4-hour report 48-hour report	New rep	ort Amends repo	ort filed on	1 = M / D = D / Y = Y = Y
Full Name of Brenda	of Payee L McCune				of Public Distribution/Dissemination
Mailing Add	ress 1254 Fleming St Apt 6			Amou	10 30 2014 unt
City		State	Zip Code		17.40
Conway		AR	72032		saction ID : 4276a1c6-ff0c-4873-b of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fe	ederal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L	Pryor		X Oppose	Preside	
	lar Year-To-Date ection for Office Sought		220289.85	Disbursemen 2014	nt For:
Full Name Cynthia	of Payee E Matson				of Public Distribution/Dissemination
Mailing Add	ress 7101 E 69th St N			Amou	ınt
City		State	Zip Code		20.00
Valley Cen	ter Expenditure	KS	67147		action ID: f7eed5cd-fb69-4420-9 of Disbursement or Obligation
Salary	Experiantife		Category/ Type 001		10 29 / 2014
Name of Fe	ederal Candidate		Support	Office Sough	nt: House District: 00
Mr. Greg O	rman		X Oppose	Presid	lent Senate State: KS
	dar Year-To-Date ection for Office Sought	7 7	200235.20	Disbursemer 2014	nt For: Primary
(a) SUBTOT	AL of Itemized Independent Expendit	ures		•	37.40
(b) SUBTOT	AL of Unitemized Independent Exper	ditures		· •	
(c) TOTAL	ndependent Expenditures				7 7 7
with, or at th	y of perjury I certify that the indeper e request or suggestion of, any cand tee) any political party committee or i	idate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	11 /	01 2014
Signature					

	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Cynthia E Matson	10 29 2014
	Mailing Address 7101 E 69th St N	Amount
	City State Zip Code	3.00
	Valley Center KS 67147	Transaction ID : 23d5b305-4722-4817-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 29 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calcillati Total To Bato	ursement For: Primary X General
	Per Election for Office Sought 200235.20 2014	Other (specify) ►
	Full Name of Payee Brian A Sherwood	Date of Public Distribution/Dissemination
	Mailing Address 1003 W 5th St	10 30 2014 Amount
	City State Zip Code	7.50
	Coffeyville KS 67337	Transaction ID : 535865c4-c262-40a0-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disb. 200235.20	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	10.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) (* 1) 771 17	11 01 2014
	Signature	

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	Y I Y I Y I Y
П	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Peggy S ODonnell	M	10 ^M	29	2014
	Mailing Address 4218 Eagle Lake Ct	Amou	nt		
	City State Zip Code	Г.			20.00
	Bel Aire KS 67220			n ID : 7b57020 1 bursement or 0	-3eba-4022-b
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	29	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Greg Orman Oppose	Preside		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20 Disbut 2014	rsemen		Primary specify) ▶	General
	Full Name of Payee			olic Distribution	Dissemination
	Peggy S ODonnell	Date	10 M	/ DISTRIBUTION,	2014
	Mailing Address 4218 Eagle Lake Ct	Amou	-	20	2011
	City State Zip Code				6.30
	Bel Aire KS 67220			ID: 044c3b6e- bursement or (-72bc-4289-8
	Purpose of Expenditure Mileage Category/ Type 002	_	10 ^M	/ 29 /	2014
	Name of Federal Candidate Support Office	Sough	ıt:	House	District:00
	Mr. Greg Orman Oppose	Preside	ent	Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 200235.20			Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures				26.30
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures	Г.		7	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	01	D / Y Y 201	4
	Signature				

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Marilyn Galliardt	10 29 2014
Mailing Address 410 Wedgewood Ct	nount
City State Zip Code	60.00
Hesston KS 67062 Tra	ansaction ID: e0dad257-84f4-40a0-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 29 / 2014
Name of Federal Candidate Support Office Soil	ught: House District:00
Mr. Grog Orman	esident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursen 200235.20 Disbursen	
Full Name of Payer	Other (specify)
Full Name of Payee Marilyn Galliardt	ate of Public Distribution/Dissemination 10 29 2014
Mailing Address 410 Wedgewood Ct	10 29 2014 mount
City State Zip Code	39.00
Hesston KS 67062 Tra	insaction ID: d4dd9469-b212-4e80-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 29 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Greg Orman Oppose Pre	esident State: KS
Calendar Year-To-Date Per Election for Office Sought Disburser 200235.20	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	99.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	01 2014
Signature	

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OF

PAGE 167 FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Women Speak Out PAC C00530766 Check if 24-hour report 48-hour report X New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination Cameryn L Rasmussen 2014 10 29 Mailing Address 4455 N Edaemoor Ct Amount City State Zip Code 20.00 Transaction ID: 13425bd3-5da7-46b6-9 KS 67220 Bel Aire Date of Disbursement or Obligation Purpose of Expenditure Category/ Salary 001 10 29 2014 Type Name of Federal Candidate 00 Support Office Sought: District: House Mr. Greg Orman KS Oppose X Senate President State: Disbursement For: Primary X General Calendar Year-To-Date 2014 200235.20 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Cameryn L Rasmussen 10 29 2014 Mailing Address 4455 N Edaemoor Ct Amount City State Zip Code 3.00 KS Transaction ID: 5bd2941d-d4a8-4ddd-b Bel Aire 67220 Date of Disbursement or Obligation Purpose of Expenditure Category/ 002 Mileage 2014 10 29 Type Name of Federal Candidate 00 Support Office Sought: House District: Mr. Greg Orman KS Oppose Senate President State: X General Disbursement For: Primary Calendar Year-To-Date 200235.20 2014 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 23.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] 01 2014 Date Signature

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OF

							FOR SE OF	FORM 24/48
NAME OF COMMITTEE						FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak C	Jut PAC					С	C00530766	
Check if X 24-hour rep	port 48-hour report	X New repo	rt An	nends repo	rt filed on	M = M	/ D = D /	Y Y Y Y Y
Full Name of Payee					Date	of Pub	olic Distribution	Dissemination
Sarah A Myos					[M 10	29	2014
Mailing Address 489	7 N Farmstead Ct				Amo	unt		
City		State	Zip Code					20.00
Bel Aire			67220		Tran Date	saction of Dis	n ID: 96c764es bursement or (9-c03b-4715-8
Purpose of Expendite Salary	ure		Category/ Type			10	29	2014
Name of Federal Ca	ndidate			Support	Office Soug	ht:	House	District:00
Mr. Greg Orman				Oppose	Presi		X Senate	State: KS
Calendar Year-T Per Election for		20	00235.20		Disburseme 2014		Primary specify)	X General
Full Name of Payee Sarah A Myose						of Pul	olic Distribution	
Mailing Address	897 N Farmstead Ct					10	29	2014
	oor itt amotoaa ot				Amo	ount		
City		State	Zip Code					3.00
Bel Aire		KS	67220				ID: 5615379a bursement or 0	
Purpose of Expendit Mileage	ure		Category/ Type]	10 ^M	29	2014
Name of Federal Ca	ndidate			Support	Office Sou	ght:	House	District: 00
Mr. Greg Orman			X	Oppose	Presi	dent	X Senate	State: KS
Calendar Year-T Per Election for			200235.2	20	Disburseme 2014		Primary	General
(a) SUBTOTAL of Ite	mized Independent Expenditures.				· [7	23.00
(b) SUBTOTAL of Un	itemized Independent Expenditure	es			· • [7 7	
(c) TOTAL Independe	nt Expenditures				•		7	
with, or at the request	ury I certify that the independent or suggestion of, any candidate political party committee or its ac	or authorized						
Ms. Emily	Buchanan	[Electronic	cally Filed]	Date	M M M	01	D / Y Y 201	4
Signature			•	_ 3.10				

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OF

Schedule E)	IN EXILID	ITOTILO		PAGE 169 OF 172 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Lance Reichenberger			Date of Publ	ic Distribution/Dissemination
Mailing Address 1426 N Glendale			10	30 2014
			Amount	
City	State	Zip Code		65.00
Wichita	KS	67208		ID: 3691f11d-26ce-4137-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	2	200235.20	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Lance Reichenberger			10	30 / 2014
Mailing Address 1426 N Glendale			Amount	
City	State	Zip Code		2.10
Wichita	KS	67208		ID: 7869dd3e-828f-4cd4-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 ^M	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		200235.20	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			67.10
(4) 3 3 3 3 3 3 3 3 3 3			-	4
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures)	72
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 01	2014
Oignature				

Schedule E)	1161 0111 01 11121 2.12		1101120		PAGE 170 OF 172 FOR SE OF FORM 24/48		
	MITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC					C C00530766		
Check if X 24	-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y		
Full Name of Tywan S	f Payee Scott-Kwofie				of Public Distribution/Dissemination		
Mailing Addre	ess 117 East Maple St			Amou	10 30 2014 nt		
City		State	Zip Code	— r	60.00		
Bucklin		KS	67834		action ID : e78a820a-a3b4-42be-a of Disbursement or Obligation		
Purpose of E Salary	Expenditure		Category/ Type 001		10 30 7 2014		
Name of Fed	deral Candidate		Support	Office Sough	t: House District: 00		
Mr. Greg Ori	man		X Oppose	Preside	ent Senate State: KS		
	ar Year-To-Date ction for Office Sought	2	200235.20	Disbursemen 2014 O	t For: Primary ⊠ General		
Full Name o Tywan S	f Payee cott-Kwofie				of Public Distribution/Dissemination		
Mailing Addr	ess 117 East Maple St			Amou			
City		State	Zip Code		5.40		
Bucklin		KS	67834		ction ID : 3eeec4a6-f673-42b9-9 of Disbursement or Obligation		
Purpose of E Mileage	expenditure		Category/ Type 002	M	10 / 30 / 2014		
	deral Candidate		Support	Office Sough	t: District: 00		
Mr. Greg Or	man		Oppose	Preside	ent X Senate State: KS		
	ar Year-To-Date ction for Office Sought		200235.20	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	01 2014		
Signature							

Schedule E)	LIVI LXI LIVL	ATTOTILES	PAGE 171 OF 172 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766						
Check if Z 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee			Date of Public Distribution/Dissemination				
Laurel Littler			10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 145 Bradford Circle			Amount				
City	State	Zip Code	35.00				
Clayton	NC	27527	Transaction ID: b258dcd9-4405-43c6-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	10 29 / Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District:00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	1	077927.97	Disbursement For: Primary				
Full Name of Payee			Date of Public Distribution/Dissemination				
Laurel Littler			10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 145 Bradford Circle			Amount				
City	State	Zip Code	12.00				
Clayton	NC	27527	Transaction ID : da76d034-d763-4c00-b Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	10 29 / 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	7 7	1077927.97	Disbursement For: Primary General 2014 General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
•							

	FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC	C C00530766						
Check if 24-hour report 48-hour report New report Amend	ds report filed on						
Full Name of Payee	Date of Public Distribution/Dissemination						
Pound Feinstein & Associates	M M / D D / Y Y Y Y Y 10 10 22 2014						
Mailing Address 5614 Connecticut Ave NW	Amount						
Ste 270	Amount						
City State Zip Code	255.25						
Washington DC 20015	Transaction ID : 7fd9948d-4b51-49ea-a Date of Disbursement or Obligation						
Purpose of Expenditure Mailer Category/ Type	004 10 30 7 2014						
Name of Federal Candidate Supp	port Office Sought: X House District: 02						
Marilinda Garcia Opp	ose President Senate State: NH						
Calendar Year-To-Date Per Election for Office Sought 1016.94	Disbursement For: Primary General 2014						
Full Name of Payee	Other (specify)						
Pound Feinstein & Associates	Date of Public Distribution/Dissemination 10 22 2014						
Mailing Address 5614 Connecticut Ave NW							
Ste 270	Amount						
City State Zip Code	765.75						
Washington DC 20015	Transaction ID: b5417347-2498-4fd3-8 Date of Disbursement or Obligation						
Purpose of Expenditure Mailer Category/ Type	004						
Name of Federal Candidate Sup	port Office Sought: X House District: 02						
Ann Kuster	[2-3]						
Calendar Year-To-Date Per Election for Office Sought 43624.87	Disbursement For: Primary ☐ General Other (specify) ►						
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures	13807.58						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan [Electronically Filed] Date 11 01 2014							
Signature							

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